Governor's Council on Substance Abuse Report
Recommendations for State Policy Action during the 2001-03 Biennium

Priscilla Lisicich, Ph.D., Council Chair
Carol A. Owens, Ed.D., Staff Coordinator

August 2000

WASHINGTON STATE OFFICE OF
COMMUNITY DEVELOPMENT

Busse Nutley, Director
Office of Community Development

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

LONG-TERM GOALS FOR REDUCING SUBSTANCE ABUSE

PREVENTION

1. Prevent and reduce the misuse and abuse of alcohol, tobacco, and other drugs.

2. Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.

3. Increase the community ownership and responsibility for prevention of misuse of alcohol, tobacco, and other drugs.

TREATMENT

1. Increase access to and availability of chemical dependency treatment, as clinically necessary.

2. Reduce the negative effects of alcohol, tobacco, and other drugs.

3. Address the basic needs of people in chemical dependency treatment**.**

LAW AND JUSTICE

1. Increase public safety.

2. Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.

3. Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE REPORT

POLICY RECOMMENDATIONS FOR THE 2001-03 BIENNIUM

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OF COMMUNITY DEVELOPMENT

For more information, please contact the Governor's Council on Substance Abuse at 360-586-0487 or 753-5626.

Additional copies of this and other Council reports can be obtained from the Washington State Alcohol / Drug Clearinghouse at 1-800-662-9111. Council reports are also available at www.ocd.wa.gov/dbs/pubs ***or*** www.ocd.wa.gov/factsheets/local/drugfree.htm**.** For a list of Council reports see Appendix 7.

Steve Wells, Assistant Director
Local Government Division

Paul Perz, Managing Director
Safe and Drug-Free Communities Unit
Washington State Office of
Community Development
Post Office Box 48300
Olympia, WA 98504-8300

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Kenneth Stark, DSHS, Division of Alcohol and Substance Abuse
Mariann Whalen, DSHS, Division of Children and Family Services
Ginlin Woo, Consultant

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Rick Vargas, Washington State Office of Community Development

The points of view or opinions contained in this document do not necessarily represent the official position of the Governor's Office, the Office of Community Development, or other participating agencies.

EXECUTIVE SUMMARY

The Governor's Council on Substance Abuse was created by Governor's Executive Order in 1994, to respond to the significant human, social and economic costs that substance abuse inflicts on individuals, families, and communities throughout Washington State.

The 10 priority issues selected by the Governor's Council on Substance Abuse for policy action during the 2001-03 Biennium were selected from a list of 48 crucial substance abuse issues that have been reviewed by the Council since 1995 (See Appendix 4). The priorities are ranked within prevention, treatment, and law and justice. The Council believes efforts must occur simultaneously across all three areas to achieve success in reducing substance abuse in Washington's communities.

Prevention

1. Sustain Community Mobilization services in all 39 counties
2. Sustain Prevention/Early Intervention in Secondary Schools
3. Expand Prevention/Early Intervention in Schools for K-5 students

Treatment

1. Increase chemical dependency treatment capacity for low-income adults with children to 40 percent
2. Increase chemical dependency treatment capacity for low-income adults without children to 40 percent
3. Increase chemical dependency treatment capacity for low-income adolescents to 40 percent

Law and Justice

1. Enhance Meth lab clean up/protect children found at Meth lab sites
2. Sustain a statewide network of Interagency Narcotics Taskforces
3. Expand availability of adult and juvenile drug courts and other sentencing alternatives to incarceration

2001-03 Policy Development Recommendation

Encourage the Department of Social and Health Services to:

- Research and document the prevalence of substance abuse among its clients whose children are placed out of the home and are in dependency status.
- Wherever possible, identify and implement program elements and strategies that lead to successful intervention and reunification of families impacted by substance abuse.

Washington residents have a right to drug abuse-free communities. State government, working with its governmental partners and citizens, can make it happen.

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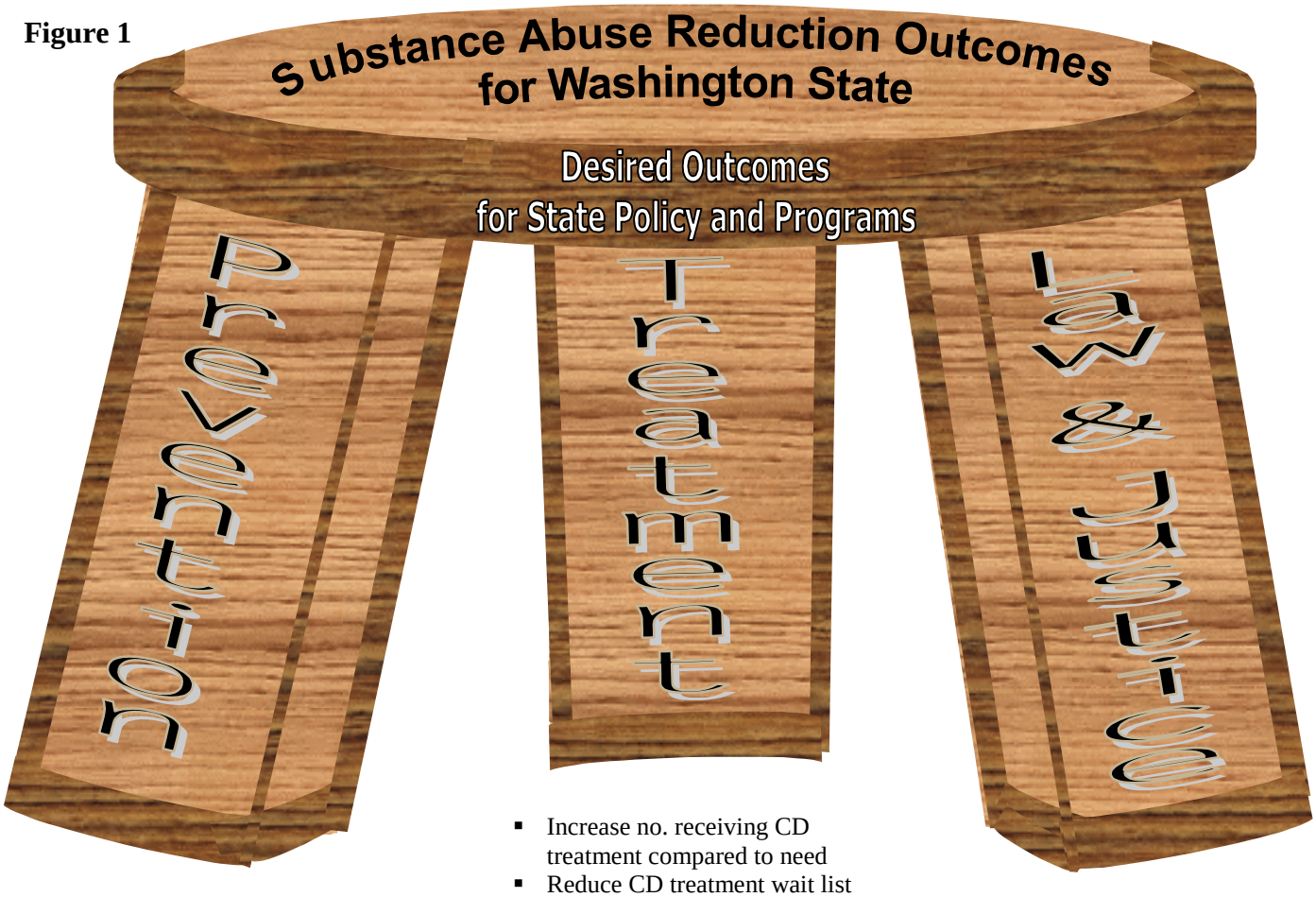
INTRODUCTION

The Governor's Council on Substance Abuse was created by Governor's Executive Order in 1994 to respond to the significant human, social and economic costs that substance abuse inflicts on individuals, families, and communities throughout Washington State. The Council carries out this mission by:

- studying the causes of substance abuse
- identifying alternatives for state policy actions that protect Washington's residents from the spread of substance abuse impacts
- recommending policy action to assist communities to create healthy, drug abuse-free social environments for our children and families

The Governor's Council on Substance Abuse strives to provide common, statewide strategies that balance prevention, treatment, and law and justice efforts. It is the Council's philosophy that creating a drug abuse-free social environment for our communities is like building a three-legged stool with prevention, treatment, and law and justice efforts each representing one leg of the stool. Figure 1 represents the outcomes the Governor's Council on Substance Abuse believes are important to accomplishing this.

Figure 1



- More youth do not use ATOD
- Reduce ATOD risk/increase protective factors
- Community belief ATOD abuse is not acceptable
- Increase awareness of harm
- Increase positive parenting
- Increase drug-free community social events
- Increase ATOD research
- Decrease abuse of ATOD
- More pro-social/drug-free support systems for youth
- Increase first use age for ATOD
- Increase alternatives to school suspension
- Decrease ATOD sales to minors
- Reduce ATOD health care costs
- More adults do not use ATOD
- Decrease ATOD related auto and boat crashes
- Decrease ATOD birth defects
- Less glamorizing of ATOD in media
- Increase no. of smoke/drug-free environments
- Reduce ATOD advertising

- Increase no. receiving CD treatment compared to need
- Reduce CD treatment wait list time
- Reduce arrests by providing CD treatment
- Reduce no. of domestic violence incidents for persons abusing alcohol and other drugs
- Reduce ER visits and no./length of hospital following CD treatment
- Increase no. of underserved/special populations receiving CD treatment
- Increase no. living in safe/appropriate housing during and after CD treatment
- Increase employment/self sufficiency after CD treatment
- Reduce DUI offenses after CD treatment
- Increase parent/family training & support during & after CD treatment
- Reduce relapse after CD treatment

- Reduce ATOD-related crimes
- Increase public perception of community safety
- Increase coordination among state, local, tribal, & federal jurisdictions for drug crime investigation/prosecution
- Decrease in Meth production
- Favorable community attitudes/cooperation with law enforcement to combat ATOD
- Reduce environmental contamination from Meth labs
- Reduce barriers to investigate/prosecute key drug suppliers
- Increase use of non-incarceration sentencing alternatives
- Decrease time between juvenile arrests and adjudication
- Increase no. receiving ATOD clinical assessments at time of incarceration
- Reduction in Part 1 ATOD crimes
- Increase counties' access to juvenile detention facilities
- Increase retailer tech. assistance & education to decrease sales of alcohol/tobacco to minors

During 1999, the Governor's Council conducted several policy studies the following excerpts document some of the critical substance abuse impacts in Washington State.

Access to Substance Abuse Treatment

- Seventy-nine percent of those participating in a 1995 study of adult arrestees booked into King, Whatcom, and Yakima jails reported problems with substance abuse and addiction.
- Of the qualified, low-income residents estimated to be in need of publicly-funded, chemical dependency treatment, only 21 percent actually receive it.
- Department of Social and Health Services data from 1995, Office of Children's Administration, reports that there were substance abuse issues for 67 percent of the caretakers who had children removed from their care.
- The economic cost of substance abuse in Washington State reached $2.54 billion per year in 1996, or $531 for every non-institutionalized State resident.[1]

Methamphetamine Abuse in Washington State

- Stimulant addiction admissions to publicly-funded treatment programs have risen from a total of 486, or 9 per 100,000 in 1993, to 4,854 or 84 per 100,000 in 1999.
- Illegal Meth labs and dumpsites have increased from 38 in 1990 to 789 in 1999.
- Eleven percent of high school seniors in Washington State report that they have tried Meth.[2]

Implementation of Initiative 692: Medical Use of Marijuana

- A 1999 report from the Division of Alcohol and Substance Abuse documents Marijuana is the primary drug of choice among youth admitted to chemical dependency treatment programs in Washington State.
- Although the medical marijuana initiative authorized possession of a 60-day supply for users possessing a doctor's written authorization, neither the amount constituting a 60-day supply, nor the form for the written authorization have been defined through State rule-making authority.[3]

Prevention of Blood-Borne Infections

- Cumulative Washington State data indicates that 21 percent of individuals diagnosed with AIDS are injection drug users.
- The Center for Disease Control estimates that preventing a single case of HIV saves more that $150,000 in HIV/AIDS-related medical care.
- In 1998, the Spokane Needle Exchange Program referred 214 clients to drug treatment.[4]

Findings from a soon-to-be-released study sponsored by the Division of Alcohol and Substance Abuse and conducted by the Washington Kids Count Project at University of Washington will further emphasize the importance of substance abuse prevention and early intervention efforts. The study's results show that students who do not use illegal substances achieve significantly higher Washington Assessment of Student Learning (WASL) math and reading scores than

students who make moderate use of illegal substances, defined as "prior use, but not within the last 30 days."

The differences average 8 points for reading and 19 points for math scores. The gap in achievement scores is even greater for students who report frequent use of illegal substances. Since there is a 29-point difference between a below standard WASL math score and a score that meets the WASL standard, it is clear that substance use has a serious impact of student learning.[5]

It will take more than state government action alone to solve the problems of substance abuse but state government action is necessary. State government must work aggressively in partnership with community groups, as well as local, tribal, and federal governments to pursue a common, strategic approach to prevent, treat, and interdict substance abuse. We need strategies that create strong, pro-social choices and drug-abuse free environments for Washington residents of all ages. Likewise, we must provide adequate treatment and diversion programs for youth and adults already addicted to alcohol, tobacco, and other drugs. We must provide prevention and early intervention approaches to support healthy families and promote positive parenting. And, for the health and safety of all our communities' residents, we must work to stop the illegal manufacture and flow of dangerous drugs into our communities.

Solving the substance abuse problems in Washington communities requires a strong commitment and a long-term collaborative effort to effectively link state and local government policy actions with those of community organizations and individuals. Our common strategies must include efforts across the domains of community, school, peer relationships, and families. There are no quick fixes, no overnight solutions.

We can achieve a drug abuse-free future for Washington State. Washington residents have a right to safe and drug abuse-free communities, and state government with its other government partners has a responsibility to work with their citizens to make it happen.

Recommendations for 2001-03 State Policy Action Priorities

The 10 priority issues selected by the Governor's Council on Substance Abuse for policy action during the 2001-03 biennium were selected from a list of 48 crucial substance abuse issues that have been reviewed by to the Council since 1995 (See Appendix 4). The Council considers all of these issues to be important for reducing substance abuse. The 10 issues recommended for immediate action during the 2001-03 biennium were selected based on the number of points they received during a prioritizing work session in November of 1999. Their selection is not intended to downgrade the importance of issues not selected for emphasis in the 2001-03 recommendations. Figure 2 lists these issues in the order in which they were ranked during this work session.

In keeping with the concept of providing a balance of prevention, treatment, and law and justice strategies, the Council is presenting recommendations in all three areas. Priorities are not ranked across prevention, treatment, and law and justice, since the Council believes that efforts must occur simultaneously in all three areas to provide a balanced approach that is successful in reducing substance abuse in Washington's communities.

Figure 2

RECOMMENDATIONS FOR 2001-03 PRIORITIES TO REDUCE SUBSTANCE ABUSE IN WASHINGTON STATE

PREVENTION

1. Sustain Community Mobilization services in all 39 Counties
2. Sustain Prevention/Early Intervention in Secondary School
3. Expand Prevention/Early Intervention in Schools for K-5 students

TREATMENT

1. Increase capacity for low-income adults with children to 40%
2. Increase capacity for low-income adults without children to 40%
3. Increase treatment capacity for low-income adolescents to 40%

LAW AND JUSTICE

1. Enhance Meth lab clean up/protect children found at Meth lab sites
2. Sustain a statewide network of Interagency Narcotics Taskforces
3. Expand availability of adult and juvenile drug courts and other sentencing alternatives to incarceration

2001-03 POLICY DEVELOPMENT RECOMMENDATION

Encourage the Children's Administration within the Department of Social and Health Services to:

1. Research and document the prevalence of substance abuse among its clients whose children are placed out of the home and are in dependency status.
2. Wherever possible identify and implement program elements and strategies that lead to successful intervention and reunification for families impacted by substance abuse.

Other Council Recommendations for 2001-03

There are three issues reviewed by the Council that are not included in this report as issue papers. The Council was interested in researching the rates of treatment for ethnic and racial minorities, emphasizing cultural diversity in all policy actions, and assuring the consistency of prevention messages.

Treatment Rates for Racial and Ethnic Minorities

In December of 1999 the Division of Alcohol and Substance Abuse (DASA) released a profile report on substance use and the need for treatment in Washington State which provides some detail for this information. As this report documents, all target populations living at or below 200 percent of poverty and assessed to be in need of chemical dependency treatment are served at rates substantially below the estimated need for chemical dependency treatment. However, of the ethnic and racial groups tracked by DASA data, only Asians receive less chemical dependency treatment services per capita than Whites.[6]

Percentage of Chemical Dependency Treatment Need Met by DASA:

White – Non Hispanic	15.3%
Black – Non Hispanic	50.3%
Asian	13.5%
Native American*	39.4%
Hispanic	28.7%

*American Indian or Alaskan Native

This data does not answer a question related to services to ethnic and racial minorities. It does not assess whether the services received meet the cultural needs of the clients who were treated, or to what degree the lack of access to culturally appropriate services may be limiting the number of Asian Americans who seek treatment.

Cultural Competency

The Council took action in November of 1997 to stress the need for cultural competency in all state-funded substance abuse policies, stating that, "all actions resulting from these (Council) policy recommendations should be culturally appropriate."[7]

With the recommendations for 2001-03 policy action the Council is strengthening this recommendation by the adoption of a guiding principle presented in Figure 3. We would like to see this principle broadly applied to all state policy and program actions recommended reducing substance abuse in Washington State.

Coordination of Existing Advisory Groups to Assure Consistent Prevention Messages

The Council is in the process of reviewing a third priority for the 2001-03 biennium. Council members are interested in how the various advisory groups at work in the field of substance abuse prevention can collaborate to assure consistency in the prevention messages given to youth

in our communities. To this end, the Council has invited representatives from these groups to come this fall and share with the Council what current efforts are underway. Following this presentation, the Council will discuss whether there are additional recommendations they would like to make in this area.

Figure 3

Guiding Principle for Cultural Diversity

The Governor's Council on Substance Abuse (GCOSA) in carrying out our mission commits to do so as a tireless advocate for the needs of ethnic and cultural communities across the state

The Governor's Council on Substance Abuse will:

- Strive consistently for multicultural awareness, respect, and responsiveness in the Council's own policy, procedures, structure, organization, documents, communications, outreach, decision and priority making, collaborations, and recommendations
- Require that all projects, programs, and collaborations of the Governor's Council on Substance Abuse be accountable for cultural competence and greater inclusiveness in their outreach, staffing, design, programming, community involvement, implementation, and evaluation
- Make as its priority the provision of ongoing support for state and local initiatives, programs, and projects that are reflective of the strengths and needs of the state's culturally diverse populations
- Facilitate and seek out ongoing opportunities to consider a broad spectrum of cultural perspectives and promote growing awareness and cultural competence by all its members and partners

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2001-03 POLICY ACTION RECOMMENDATIONS FOR PREVENTION

1. **Sustain Community Mobilization Services in all 39 Counties**

2. **Sustain Prevention/Early Intervention – Secondary Schools**

3. **Expand Prevention/Early Intervention for K-5 Students**

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COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE

RECOMMENDATIONS FOR 2001-03 BIENNIUM

Priority Statement

Sustaining support for the State Community Mobilization Program is key to advancing prevention efforts against substance abuse and violence. Established in 1989 as a premier community based prevention strategy, Community Mobilization Programs in Washington's 39 counties organize citizens and key stakeholders to establish and coordinate community resources to effectively and efficiently target the problems of substance abuse and violence.

Key Policy Questions

- How is the Community Mobilization Program important to successful drug abuse and violence prevention in Washington's communities?
- How is the Community Mobilization Program important to increasing collaboration in local communities that results in comprehensive community-wide efforts to reduce and prevent substance abuse and violence?
- What is the optimum level of support necessary to local communities to sustain an effective Community Mobilization Program?
- What are the benefits of sustaining Community Mobilization Programs in each of Washington's 39 counties?
- How is the Community Mobilization Program valuable to building human infrastructure in communities and to contributing to vital community development?

Benefits of Community Mobilization

Community coalitions describe the funding and support from the Community Mobilization program (CM) as the "glue" that allows them to bring together community resources to target the problems of substance abuse and violence using CM's proven, science-based prevention framework.

- For every $2 provided to Counties through CTED's Community Mobilization contracts, another $1 in non-governmental, public and private resources was generated for community projects.
- Tacoma Police Department data shows a reduction in crime by a minimum of 33 percent in neighborhoods where community mobilization programs operate.
- Chances of success for youth from high-risk families and communities are increased when given the opportunity to participate in after-school programs provided through community mobilization.
- Community Mobilization programs make effective use of existing resources in communities.
- Community Mobilization programs leveraged volunteer time of over 5,124 community members and involved over 561,000 people in programs in 1999.

- Over 400 distinct community-based prevention projects are funded each year. Examples of projects funded in 1998 are:

  - Over the past ten years Pierce County's Safe Streets has closed down over 450 drug houses by mobilizing citizens to work with local government, law enforcement, the health department, school districts, and businesses.
  - In Pacific County, Community Mobilization provided over 2,000 volunteer hours in three school districts working with selected children from preschool to 4th grade in one-on-one or small group child-centered activities focused on refusal skills, personal health and safety, and conflict resolution.
  - In King County, late night activities were provided for over 1,500 Auburn youth. Area law enforcement reports vandalism down 99 percent after Late Night events as opposed to other Friday night activities.
  - In Kitsap County, Community Mobilizations provided coordinated follow-up services for schools, detention centers and police for youth most likely to re-offend and who present a danger to community and school.
  - In Kittitas County, Community Mobilization taught 405 students the Second Step Violence Prevention curriculum at elementary and middle schools, resulting in a reported improvement in student empathy, cooperation, problem solving, self-esteem, and anger control.
  - In Whitman County, Community Mobilization supported Family Night Out, alcohol awareness programs in three rural communities, attracting approximately 1,500 parents and children.
  - In Walla Walla County, Community Mobilization funded a school study skills program targeted at high school students failing at least two subjects. This program provides an instructor to help with homework assignments, encourage parent involvement, and develop study skills.
  - In Chelan and Douglas Counties, Community Mobilization provided parenting programs for over 500 parents in four different communities.

Proven Research

Research in our state shows that community mobilization is effective at reducing and preventing costs associated with social and economic problems, and greatly enhances the safety and health of local communities. Community Mobilization Programs are vital to the State's prevention efforts because they link citizen initiative together with governmental and non-governmental resources to address substance abuse and violence.

The research originally produced by Dr. David Hawkins and Dr. Rick Catalano at the University of Washington demonstrates the validity of using community mobilization strategies to develop healthy beliefs and community norms and standards through effective use of community resources.

Effective drug and violence prevention programs require a comprehensive strategy. Such a strategy needs to balance law enforcement efforts with prevention and education; involve the

entire community; recognize the interrelation of problems such as drug abuse and violence; and support research-based programs that address the actual needs of youth and adults.

Recent research studies confirm the effectiveness of such balanced mobilizing activities in community-based prevention services. Cooperative efforts among state and community organizations have been shown to improve service design and implementation and have also been associated with improved outcomes.[8] More recent research also suggests that the successful implementation and maintenance of cooperative activities such as prevention require a formal organizational system.[9] For Washington State, Community Mobilization is such a system.

The Community Mobilization Program funds the implementation of risk and protective factor-based prevention programs in all 39 Washington counties. Each county first determines which risk and protective factors are prevalent in their communities. Using this knowledge, community-based coalitions then implement programs to reduce "risk factors" in their community and/or increase the "protective factors" lacking in their community.

By design, Community Mobilization encourages communities to create prevention programs to address their unique situations. However, locally designed programs have the disadvantage of not having expensive, long-term studies to prove their effectiveness.

At both the state and national levels, Community Mobilization is a leader in implementing science-based prevention programs and outcome evaluation. The Community Mobilization program is in the final stages of developing and implementing prevention outcome evaluation tools that can be used at the local level without the assistance of expensive consultants. Although these program and evaluation tools were developed to improve the outcomes of Community Mobilization programs, they can be used to measure the effectiveness of any local, state, and federally funded prevention activity.

Using these proven evaluation tools, in conjunction with significant breakthroughs over the past few years in the science of substance abuse and violence prevention, the Community Mobilization program is poised to help communities focus limited prevention resources toward programs that work.

Funding History

Community Mobilization was established as a key program in the 1989 Drug Omnibus Bill that funds a comprehensive substance abuse and crime reduction strategy.

In 1994 the voters of Washington State approved Referendum 43 by a majority vote which established the Violence Reduction Drug Enforcement Account (VRDE). The vote confirmed clear citizen approval to sustain a comprehensive approach to substance abuse reduction and prevention that includes law enforcement, prosecution, education, treatment and prevention. Community Mobilization has been established as the primary prevention approach for communities.

During the 1995 session, the U.S. House proposed zeroing out the entire Safe and Drug-Free Schools and Communities (SDFSC) Grant, the federal funding for the Community Mobilization Program. The combined efforts of the 50 state education agencies, local school district across

the nation, and community mobilization programs to educate their members of Congress of the successes of the Safe and Drug-Free Schools and Communities Program turned this around and the federal funding remained intact.

During 1999-2000, Community Mobilization took a 17 percent cut ($305,848 annually) in the federal portion of its funding. During 2000-2001, Community Mobilization will again absorb a 1.7 percent ($25,233) reduction in its federal funding. These cuts resulted from internal policy decisions at the federal Department of Education (ED), even after Congress made strong points in support of SDFSC's State Grants. For FFY 1999, The Department of Education transferred 17 percent from State Grants funding to the National Programs (discretionary) section of SDFSC. As a result, a statement was placed by the Senate into its SDFSC reauthorization proposal making it impossible for the state grants portion to be reduced in the same year the National Programs portion is increased. Subsequently, Congress appropriated a $5 million increase for State Grants, only to have the Department of Education take an across-the-board cut from State Grants, the net effect of which was the 1.7 percent reduction.

During the 1999 Legislative Session, both the Republican and Democratic versions of the Washington State House budget proposed the elimination of state funding for the Community Mobilization Program. Almost universally, when policymakers were contacted regarding this proposed elimination, they were shocked to learn that 1) the cuts were even proposed; and 2) they were proposed for well respected local programs such as Pierce County's Safe Streets and Thurston County Together!

The already bare bones funding received in many counties (as low as $16,288 per year) is the minimum necessary to sustain a viable program. It is crucial to ongoing efforts to reduce substance abuse and violence in our state to ensure that even the smallest counties are able to continue to mobilize.

Costs Associated with Substance Abuse in Washington State

- The Division of Alcohol and Substance Abuse has documented the significant costs associated with substance abuse including medical services, significant losses in productivity, serious motor vehicle accidents, fire destruction, and criminal activity which results in property damage, court costs, and incarceration.
- The cost of incarceration at the State Department of Corrections is $22,873 per year.
- The average cost of adult chemical dependency treatment is $2,033.
- The lifetime costs of a heavy drug user ranges from $158,600 to $390,000.
- The lifetime costs of dropping out of high school ranges from $24,000 to $38,000.

On the other hand, the monetary value of saving a high-risk youth falls between $700,000 and $1,000,000.[10]

Proposed Alternatives for Policy Action

1. Sustain funding for the Community Mobilization program

The Community Mobilization program receives both state and federal funding. The funding is awarded on a formula and competitive basis. All of the federal funding and 50 percent of the state funds are awarded per a formula that takes into consideration the population of counties, base funding, and per capita funding. The remaining 50 percent of state funds are awarded to communities through a competitive application process. Community Mobilization currently receives $1,712,600 annually in state Violence Reduction and Drug Enforcement (VRDE) funds and approximately $1.4 million in federal Safe and Drug-Free Schools and Communities funds. Funding levels projected for SFY's 2002 and 2003 follow:

Funding Source	SFY 2002	SFY 2003
State Dedicated VRDE Funds via OCD:	$1,712,600	$1,712,600
Safe and Drug-Free Schools Funding:	$1,468,029	$1,468,029
Totals:	**$3,180,629**	**$3,180,629**

Effects if Not Funded at Current Level

The total CM budget for 1996-97 translated to only $.31 cents per capita.[11]

Further erosion in funding levels for the CM Program will result in serious reductions in programs, to the point that small counties will no longer have sufficient funding to continue.

For example, the effects of a 25 percent reduction in federal funding would result in the elimination of the following types of activities throughout the counties:

- Safe neighborhood centers for youth
- Parenting skills classes
- Peer mentoring for youth
- Organizing neighborhoods to address community problems (e.g., closing drug houses)
- Gang Resistance Education and Training programs (GREAT)
- Mini-grants to help neighborhoods improve conditions (e.g., playground repair, graffiti paint-over)
- Adult mentors for at-risk youth
- After school recreational and educational programs
- Local organizational efforts that bring law enforcement, Health Departments, Schools, non-profit agencies, and volunteer organizations together to address substance abuse and violence issues in a comprehensive way

2. Increase funding for the Community Mobilization Program

Using cost analysis techniques, OCD staff is preparing for 2001-03 Decision package proposals to develop a sustainable funding base for community mobilization in Washington State's 39 counties.

PREVENTION/INTERVENTION SERVICES TO SECONDARY STUDENTS

PREVENTION RECOMMENDATION FOR THE 2001-2003 BIENNIUM

Priority Statement

Ongoing support for the Prevention/Intervention Program is crucial to the efforts of all the state's middle and secondary schools in their effectiveness to prevent/intervene with students' potential problems with abuse of alcohol, tobacco, and other drugs, violence, and other problem behaviors.

Key Policy Questions

- How effective are prevention/intervention approaches with middle school and secondary school students who are at-risk of developing problems with substance abuse, juvenile delinquency, violence, and other behavior problems?
- What have the current prevention/intervention services in secondary schools accomplished?
- What organizational support and resources are necessary to provide and sustain additional prevention/intervention services in the state's middle and secondary schools?
- How should state government support this effort?

Key Issues

In the 296 school districts in Washington State, nearly 600 secondary schools across the state receive prevention/intervention specialist services. Services provided by prevention/intervention specialists include keeping an open door for students who may need someone to talk with about their own use of tobacco, alcohol, and other drugs, the impact of use by a significant person in their lives, answering questions about resources, drug/alcohol assessment, referrals, and treatment. They also provide an on-campus connection for parents and a key link to other prevention, intervention, and treatment services in the community. Partnerships with family services providers such as Community Mobilization, health and safety networks, substance abuse treatment providers, mental health systems, and others provide essential linkages that make it possible to use all community assets to meet the needs of children and their families.

According to the Office of the Superintendent of Public Instruction (OSPI), over two-thirds of the middle schools (71%), and high schools (69%), received prevention/early intervention services in 1998-99. Services range from having a full-time specialist in a building to a specialist who is in a building one-half of one day per week. Statewide there are approximately 240 part and full-time staff involved in providing prevention/intervention services. About half of the prevention specialists across the state are contractors rather than school district employees. These specialists provided direct service to nearly 20,000 students in the 1998-99 school year.

Intervention specialists often provide prevention services in group settings. During 1998-99, intervention specialists made 5,334 presentations to students and community members for a total of over 200,000 community contacts.

What the Prevention/Intervention Program Has Accomplished

Some of the general findings in the 1999 evaluation report for the Prevention/Intervention Program showed:

- The overall program has been successful in promoting positive outcomes for those students served.
- Teachers observed improved classroom performance for over half (52 percent) of the elementary students referred for academic problems. Elementary school teachers reported improved behavior in school for 59 percent of the students referred for behavior problems.
- Results of a one-year follow-up study suggested that students who were abusing or dependent on drugs when referred during the 1997-98 school year showed a significant increase in their grade point average one year later. A similar pattern was observed for attendance.
- Students reported more positive attitudes and motivation towards school as a result of participation in the program.[12]

History and Program Model Description

In 1989, the State Legislature passed the Omnibus Alcohol and Controlled Substances Act (ESSHP 1793) to specifically address the state's concerns regarding student alcohol and other drug use. A school-based drug and alcohol abuse prevention and early intervention program was one part of the act. This program provided funds to the Office of Superintendent of Public Instruction (OSPI), which in turn awarded the funds to successful local grant applicants for the purpose of placing intervention specialists in schools. Intervention specialists assist students in Kindergarten through Grade 12 to overcome problems of substance abuse and strive to prevent the abuse of and addiction to alcohol and other drugs, including nicotine. Intervention specialists provide early prevention and intervention services to students and their families, assist in referrals to treatment providers, and support the transition back to school for students who have received treatment for alcohol or other drug abuse. The ultimate goal of the program is to provide prevention and intervention services in schools to enhance the classroom environment for students and teachers and better enable students to realize their academic and personal potentials.[13]

What the Research Says about Prevention/Intervention Approaches

Extensive science-based research has been done on the effectiveness of prevention approaches. The following summary highlights some of the research that supports the effectiveness of prevention/intervention approaches:

- The Risk and Protective Factors Model.[14] This model describes a risk reduction and protective factor enhancement approach as the most promising in preventing substance abuse and can be applied to other problem behaviors. Its premise is that in order to prevent a problem behavior before it occurs, proactive approaches need to be taken to address the factors that predict the problem. Risk factors are identified in four social areas or domains: community, family, school, and individual/peers. Risk factors identified in the school domain are early antisocial behavior, academic failure, and lack of commitment to school.

According to the research, prevention/intervention approaches that are directed at these risk factors will be more effective in helping students succeed in school.

- Based on the current science-based research on substance abuse prevention, the National Institute on Drug Abuse (1997) developed a list of *Principles of Prevention for Children and Adolescents* as a guide to develop prevention strategies for children and youth. One key principle identified is the idea that schools need to offer opportunities to reach all populations and also serve as important settings for specific populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts. The Principles also note that effective prevention programs are cost-effective. For every dollar spent on drug-use prevention, communities can save four to five dollars in costs for drug-abuse treatment and counseling.
- Another principle directed at development of prevention/intervention programs for adolescents, notes that prevention programs should include skills to resist alcohol, tobacco, and other drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use. Also, "prevention programs should be long-term, over the school career, with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle-school students should include booster sessions to help with critical transitions from middle to high school."[15]

Two reports recently released also support the concept of prevention/intervention and its applicability to problem areas other than substance abuse. The following is a brief description and key findings of each report:

- The U.S. Surgeon General recently released the first-ever report on mental health. In his 1999 report, *Mental Health: A Report of the Surgeon General*, Dr. Satcher noted "There is a growing recognition that prevention does work; for example, improving parenting skills through training can substantially reduce antisocial behavior in children. (Patterson et al., 1993)."[16] He also notes that a child's mental health is linked to general health, success in the classroom and indirectly to involvement in the juvenile justice system.
- In a recent project completed by the Washington State Attorney General, Christine Gregoire, and the Association of Attorney Generals, attorney generals from several states including Washington State, conducted listening conferences with youth, teachers, administrators, and parents to gain their perspective on youth violence. The two key findings–youth said that the primary cause of youth violence lies in the home, and the second cause was the way in which students treat each other by "bullying," "dissing," harassing, and outcasting. The report identifies recommendations for parents, teachers, and school administrators, and others to help prevent youth violence. A major recommendation made to schools is to "identify early the elementary students who are likely to cause future trouble and work with them to head off violence."[17]

Proposed Alternatives for Policy Action

1. Continue current levels to sustain programs in 600 schools

The Office of Superintendent of Public Instruction (OSPI) has indicated that it intends to spend any increase in appropriation primarily in grades five through nine. Expanding prevention and intervention services to the lower grades is particularly important in light of the fact that virtually all studies indicate that children are beginning to experiment – and also consistently use – substances at younger and younger ages.

Effects if not Funded at Current Level

Students' substance abuse of all types continues to increase, with the age of first use decreasing. The school environment is the most cost-effective way to reach students and to have an impact on their behavior. The consequences of non-funding include a continuing escalation of substance abuse, which is typically accompanied by truancy and poor scholastic achievement. The ultimate educational impact would be that a significant portion of this generation of children might be left behind at an early age – irretrievably, in many cases.

In addition to the pattern of growing abuse by students, their parents and other family members are less likely to be reached by intervention professionals when there are no such services in the schools. Prevention/intervention specialists' contact with students often extends to the involvement of other family members, and an increase in the possibility of intervening in those individuals' substance abuse and/or other psychosocial problems.

2. Increase funding for the Prevention/Intervention Program to serve all secondary schools

OSPI, which administers prevention/intervention services, is requesting an additional $5 million over the next two years in order to provide prevention/intervention services to an additional 20,000 students. When fully implemented, this additional funding will make it possible for all secondary schools statewide to have at least a minimal level of these services. This would not, however, cover additional elementary school services.

3. Funding should go only to schools that participate in the Adolescent Health Behavior Survey or another similar survey

School-based survey data is the primary means for assessing substance abuse and problems among youth in our state. This data is the primary means for assessing the impact of prevention and intervention programs. To evaluate the outcome of prevention/early intervention services in the schools, it is essential that Adolescent Health Behavior Survey data be available for participating schools.

PREVENTION/EARLY INTERVENTION SERVICES FOR ELEMENTARY SCHOOL STUDENTS

PREVENTION RECOMMENDATION FOR THE 2001-2003 BIENNIUM

Priority Statement

Take state action to establish K-5 prevention and early intervention services in Washington schools to address substance abuse, violence prevention, and other related problem behaviors that inhibit students' school success.

Key Policy Questions

- How effective are prevention/early intervention approaches in deterring potential problems with substance abuse, juvenile delinquency, violence, and other behavioral problems among at-risk K-5 students?
- What is the status of current state efforts in prevention/early intervention? What have past state efforts in prevention/early intervention accomplished?
- What organizational support and resources are necessary to effectively restore and sustain the schools' prevention/early intervention services?
- How should state government support this effort?

Key Issues

Numerous studies and science-based research in prevention link the use of school-based early substance abuse prevention strategies to students' school success and academic achievement. The research shows that use of early prevention approaches with children in the preschool through elementary school years has a significant impact on their ability to participate effectively in school and to grow into socially healthy, productive adults.[18] Furthermore, the research indicates that comprehensive prevention and early intervention approaches that integrate school, family, and community approaches to prevention have the greatest impact on children's school success, as well as, prevent substance abuse and other behavior-related problems such as juvenile delinquency and violent behavior.[19]

In the Fall of 1997, the State Superintendent of Public Instruction, Dr. Terry Bergeson, collaborated with the Secretary of the Department of Social and Health Services, Lyle Quasim, to appoint a Task Force on Behavioral Disabilities for the purpose of examining and recommending strategies "to improve educational, vocational, and community outcomes for children in Washington State with behavioral disabilities."

Key findings that resulted from the extensive work of the Task Force included the following:

1) "Over 5,000 children and youth in the state are identified as having a serious behavioral disability…Despite receiving special education services, these children/youth will continue to be more academically and socially at risk than children without disabilities.
2) An additional 9-13 percent of youth aged 9-17 have emotional disturbances serious enough to impede their functioning in family, school or community activities, but not severe enough

> to make them eligible for special education services. The costs for dealing with these youth in terms of disruption of the learning environment and more serious delinquent behavior are significant and escalating."[20]

Research also indicates that when a student's behavioral problem, such as inattentiveness or disruptive behavior in school, is left unattended, a bigger and more serious behavioral problem might be looming, i.e., potential problems with alcohol, tobacco, and other drugs, violent behaviors, and so on. Waiting until there are visible signs of a serious problem in a student before intervention is more costly (in both material and human terms) in the long-term and usually means that more damage has been done than if a problem had been addressed much earlier. "Providing services to prevent the development of behavior disorders or interceding early to correct negative behaviors results in significant savings in terms of the costs to state and local agencies for the provision of services."[21]

Numerous models for school-based prevention and early intervention programs have been implemented in different parts of the country. One of the oldest and most researched models targeting at-risk students in the early grades is the Primary Intervention Program (PIP), a program based on the national Primary Mental Health Project (PMHP) model of Rochester, New York. From 1983 to 1995, school districts throughout Washington State received grants through the Department of Social and Health Services Division of Mental Health to implement PIP. Outcome data for children who participated in PIP indicates children who were at high risk for school failure grew into successful students participating and benefiting from regular school classes.

Although PIP began in Washington State as a mental health primary intervention program, outcome data from the program showed impressive results for children at risk for developing a variety of problem behaviors such as substance abuse, juvenile delinquency, and violent behaviors. Less than half of the 32 Washington school districts that had PIP programs at the beginning of 1995 were able to continue their programs after state funding was eliminated, but at minimal levels. When state funding was eliminated, districts had to identify and obtain funds from different sources of funds available for serving the children and families previously served by PIP. The former PIP coordinators were (and continue to be) left with the task of "piecing together" sufficient funds to provide adequate services in their schools and/or districts. State funds provided stability and a financial base that lent continuity to districts' program efforts and staffing. The annual search and acquisition of funds that program staff members are currently expected to do to continue the program greatly disrupts services and staffing. Ultimately, children suffer the brunt of lack of services.

Educational programs currently offered in the state's schools to facilitate students' academic achievement include *Readiness to Learn*, *Kids Like Us*, a variety of parent education programs and others. A key element of the PIP or prevention/early intervention models that differs from these programs and other prevention strategies, is the identification and provision of direct services to children who are experiencing a behavioral problem that keeps them from successfully participating in school and class activities (i.e. inattentiveness, acting out, withdrawal from class activities, and other disruptive behaviors). Other programs may not focus on the early grades or necessarily target their services to specific students. Also, some of these other programs provide services through service brokers located outside the school setting, whereas the PIP intervenes and works directly with children at school and in the classroom.

Much of the current substance abuse prevention efforts in the state are based on Hawkins, Catalano, et al.'s (1992) research on risk and protective factors. In a 1997 report, *Profile on Risk and Protection for Substance Abuse Prevention Planning in Washington State,* the risk factors related to school success were studied across Washington State's counties.[22] Three risk factors were measured–lack of commitment to school, academic failure, and early antisocial behavior.

The report's findings indicated that the state has a slightly lower dropout rate than the nation as a whole, and only two of the 19 counties with the highest dropout rates were urban counties. Rural counties represented most of the counties at highest risk for academic failure. Score results for antisocial behaviors were higher in the eastern, northwest, and southwest regions of the state. These findings seem to indicate that the state's rural areas and schools would benefit from prevention/early intervention services, as well as the urban areas.

Prevention/Early Intervention Approaches

In the first-ever-released national report on mental health in the U.S., the Surgeon General recognized the Primary Mental Health Project (PMHP) as one of five exemplary prevention programs in the nation. The PMHP, originated in Rochester, New York in 1957, was selected by the U.S. Surgeon General because of its focus on "enhancing mental health through primary prevention of behavior problems and mental health disorders, and because it is research-based."[23] The Surgeon General states in his report, "Childhood is an important time to prevent mental disorders and to promote healthy development. Thus, it is logical to try to intervene early in children's lives before problems are established and become more refractory."[24]

The PMHP model is a national and international project implemented in 11 states, including Maine, Hawaii, California, Connecticut, New York, and Washington, and several countries. The five key components of the PMHP model are:

1. Targeted focus on young children who are at-risk of developing behavior problems
2. Systematic screening and selection using a battery of research-based instruments
3. Use of paraprofessionals as key direct service agents, carefully trained as assistants
4. Changing role of professionals from doing more direct service to doing more supervision and training of assistants
5. Ongoing program evaluation[25]

What the Research Says about Prevention/Early Intervention Approaches

Extensive science-based research has been done on the effectiveness of prevention approaches. The following summary highlights some of the research that supports the effectiveness of prevention/early intervention approaches.

- The Risk and Protective Factors Model (Hawkins, Catalano, et al., 1992). This model describes a risk reduction and protective factor enhancement approach as the most promising to preventing substance abuse and can be applied to other problem behaviors. Its premise is that in order to prevent a problem behavior before it occurs, proactive approaches need to be taken to address the factors that predict the problem. Risk factors are identified in four social areas or domains: community, family, school, and individual/peers. Risk factors identified in

the school domain are early antisocial behavior, academic failure, and lack of commitment to school. According to the research, prevention/early intervention approaches that are directed at these risk factors will be more effective in helping children succeed in school.

- Based on the current science-based research on substance abuse prevention, the National Institute on Drug Abuse (1997) developed a list of Principles of Prevention for Children and Adolescents as a guide to develop prevention strategies for children and youth. One key principle identified is the idea that schools need to offer opportunities to reach all populations and also serve as important settings for specific populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts. The Principles also note that effective prevention programs are cost-effective. For every dollar spent on drug-use prevention, communities can save four to five dollars in costs for drug-abuse treatment and counseling.

Research in this area has also shown that addressing academic achievement and problem behaviors in schools holds promise for preventing alcohol, tobacco, and other drugs abuse. Early childhood education, alteration in classroom teachers' instructional patterns in elementary and middle schools, academic tutoring of low achievers, and organizational changes have shown the most potential in leading students to succeed in school and prevent problem behaviors.[26]

- In their 1999 final report, the state Task Force on Behavior Disabilities offers two major recommendations for improving services to students with behavior disabilities. One is the establishment of a "mandated infrastructure to coordinate services" to students with serious needs in a "transdisciplinary 'comprehensive system of care' that cuts across boundaries of funding, professions", and so on. The second recommendation is that "the infrastructure must address issues of prevention and intervention strategies for all children at risk of developing a serious behavior disorder."[27]

Two national reports recently released also support the concept of prevention/early intervention and its applicability to problem areas other than substance abuse. The following is a brief description and key findings of each report:

- The U.S. Surgeon General recently released the first-ever report on mental health. In his 1999 report, *Mental Health: A Report of the Surgeon General*, Dr. Satcher states that "there is a growing recognition that prevention does work; for example, improving parenting skills through training can substantially reduce antisocial behavior in children." (Patterson et al., 1993).[28] He also notes that a child's mental health is linked to general health, success in the classroom, and indirectly to involvement in the juvenile justice system.

- In a recent project done by Washington State Attorney General Christine Gregoire and the Association of Attorneys General, attorneys general from several states including Washington State, conducted listening conferences with youth, teachers, administrators, and parents to gain their perspectives on youth violence. The two key findings were youth said that the primary cause of youth violence lies in the home, and the second cause was the way in which students treat each other by "bullying," "dissing," harassing, and outcasting. The report identifies recommendations for parents, teachers, and school administrators, and others to help prevent youth violence. A major recommendation made to schools is to "identify early the elementary students who are likely to cause future trouble and work with them to head off violence."[29]

Primary Intervention Program (PIP) Accomplishments in Washington State

Several evaluations were conducted on the Primary Intervention Program (PIP) during its tenure in Washington State. A 1986 evaluation of the PIP program found that in all 10 programs in place in 1986, children's shy, anxious and acting-out behaviors were reduced and their self-confidence, involvement, adaptation to imposed limits, and academic performance was strengthened.[30]

Evaluations of the Primary Intervention Program for school years 1991-92 and 1992-93 were even more impressive. Evaluations of PIP programs for these years had the following findings:

- A consistent pattern of positive findings regarding the efficacy of this early prevention in four years of evaluation data across a broad spectrum of school districts.
- The program had an ameliorative effect over the short term of one school year for grades kindergarten through third.
- The positive effects cut across gender, location, and other background characteristics of children.
- The program had both effects on improving problem behaviors as well as enhancing critical life skills and competencies.
- The managed growth within the state had successfully "seeded" the program in numerous school districts across the state.
- Programs did well in serving a multitude of at-risk children.
- Once the programs were started, they developed long and strong roots which became connected to the elementary school's overall philosophy of helping children succeed.[31] [32]

When state funding ended for the PIP programs in 1995, many school communities organized support activities to call for reinstatement of funds. The following are several samples of many personal stories shared by community members illustrating how their children and families were affected by participating in PIP:

- One parent shared that her oldest daughter was very quiet and seldom participated in class activities. The parent was concerned that her daughter had low self-esteem and found learning difficult. Through the PIP program in her school, she was able to participate in a self-esteem-building group, and two years later became an honor student.
- Another parent shared that her daughter was not doing well academically and exhibited no confidence in her abilities. The parent was at a loss as to what to do, yet she was skeptical when her daughter was identified for PIP services. She allowed her daughter to attend for a trial period, and soon noticed a remarkable change in her daughter. Her grades improved and more importantly, her attitude toward school and her own abilities grew more positive. She became a happier, confident child through participating in PIP.
- A third parent also shared how she worried about her seven-year-old son who was an intelligent boy suffering from attention deficit syndrome. The son had problems interacting well with peers because he constantly struggled to focus his attention and control his actions. He also had a fragile self-image, often feeling as if others were laughing at him. Through his participation in PIP, the boy learned how to deal with his anger and how to positively interact with his peers.

These are but a few examples of parents, families, and teachers describing how their children/students have been affected by participating in PIP. There are many more stories in the schools documenting personal experiences.

History of Primary Intervention Programs in Washington State

The following timeline outlines a brief history of prevention/early intervention efforts in the state:

- 1972-80 – A federally funded Child Development Center program operated in Seattle Public Schools which served as a base for the Primary Intervention Program that follows two years later.
- 1982 – The Center's federal support ended, the schools lack the resources necessary to continue, but due to the efforts of the Center Advisory Board members, the Primary Mental Health Program (PMHP) in Rochester, New York, is identified as a possible source of program options and funding. The state participated in a PMHP training workshop for establishing a program.
- 1983 – The Washington State Legislature passed a bill modeled after California's legislation that established a state implementation program under the administrative aegis of the Department of Social and Health Services. The school-based early intervention programs received a biennial program budget of $436,000. Participant school districts are required to provide in-kind matching funds of 43 percent or more of any state award. A program oversight committee was formed with representatives from state public instruction, local school districts, and licensed community mental health providers.[33]

  The PIP provided school-based early intervention to young children, primarily kindergarten through third grade, who had social and emotional difficulties that interfered with their learning. It was designed to detect and intervene in such problems as physical and verbal aggressiveness, low self-esteem, withdrawn behavior, and social and emotional immaturity. The project also served children who were victims of abuse and neglect and/or who have experienced family problems such as death and divorce. The programs targeted children in regular education classes; however, special education children were also served if appropriate. The programs were modeled after the PMPH, which has been in operation since 1957, and Seattle's Child Development Program.[34]
- 1983-84 – Ten districts were awarded grants totaling $366,000 (Seattle, Highline, Clarkston, Federal Way, Edmonds, Mukilteo, Lake Stevens, San Juan, Selah, and Toppenish). The award ceiling was established at $22,800 per year per district, for a maximum of two schools, for a two-year period.
- 1986 – Morton School District was added through combined funding from the Bureau of Alcohol and Substance Abuse and the Division of Children and Family Services.
- 1987-88 – The 10 funded programs served 766 children, 85 percent of whom were in kindergarten through third grade.
- 1988 – Quillayute Valley School District was added by a grant from the Division of Children and Family Services, although informally the PIP model, standards, etc., had already been in implementation for several years through various forms of program funding prior to state funding.

- 1989 – An additional $600,000 was allocated by the Legislature to fund new school districts. Bethel, Blaine, E.S.D. 112, Everett, Evergreen, Issaquah, Kent, Newport, Riverside, South Central, Wenatchee, and White Salmon received awards.
- 1990 – An additional $300,000 was allocated to fund Eatonville, Colville, Centralia/Chehalis, Camas, and Oak Harbor school districts. Funding for the 32 districts was $1.8 million.
- 1994-95 – Approximately 2,748 children and families received services.
- 1995-97 – The state made a decision to move the PIP from the Department of Social and Health Services (DSHS) Division of Mental Health to the Office of the Superintendent of Public Instruction (OSPI). This was based on the rationale that the Mental Health Division is geared more to children with serious emotional disturbances. Since PIP is an early intervention model that is school-based, there should be a direct contract between the OSPI and the school system. At that time the Legislature eliminated funds for the program. Communities wishing to continue their PIP programs were told to do so through Readiness-to-Learn grants, the Community Public Health and Safety Networks, or their Regional Support Networks.
- 1997-Present – No state funds were provided for PIP. PIP program coordinators in some districts looked for and acquired funds through different pools to keep aspects of their programs running. At present, less than half of the 32 projects are still in existence and these are operating at very minimal levels. Several of the program coordinators formalized a statewide advocacy group called “Advocates for At-Risk Kids” (AARK), that sponsors conferences and lends technical assistance/support to schools trying to implement the primary intervention program model.

Proposed Alternatives for Policy Action

Provide state funding support to implement and sustain prevention/early intervention programs at elementary schools with large numbers of identified K-5 students achieving at low academic levels.

Rationale

Schools with large numbers of low achieving students would be identified according to results of the risk and protective factor profile administered in schools throughout the state**.** The risk factors and key indicators in the school domain that would be used to identify schools or communities most at risk are as follows:[35]

Risk factor	Key Indicators
1. Lack of Commitment to School	-High School Dropouts, Age 16-19
2. Academic Failure	-GED Certificates Issued
	-Poor Academic Performance, Grade 4
	-Poor Academic Performance, Grade 8
3. Early and Persistent Antisocial Behavior	-Antisocial Behavior

Fiscal Impact

Based on the costs documented for PIP programs in the past, the basic annual cost for a K-3 primary intervention program was $25,000 per elementary school. $4 million dollars would serve 360 of the state's 1,134 elementary schools.

Prior to 1996, the state provided funding that served 68 schools at a cost of $950,000 per year in state funds. Some of the schools who used district funds to provide services have been forced to eliminate them due to financial cut backs.

2001-03 POLICY ACTION RECOMMENDATIONS FOR TREATMENT

1. Increase Chemical Dependency Treatment Capacity for Adults with Children to 40 Percent

2. Increase Chemical Dependency Treatment Capacity for Adults without Children to 40 Percent

3. Increase Chemical Dependency Treatment Capacity for Adolescents to 40 Percent

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TREATMENT RECOMMENDATIONS FOR 2001-03 BIENNIUM

Priority Statement

The lack of alcohol/drug treatment is significantly contributing to costs associated with crime, health care, public assistance, child protective services, and violence across Washington State. Research in this state has demonstrated that treatment is effective at reducing costs associated with a host of social problems and contributes to safe and healthy communities.

Key Policy Questions

- What is the cost of alcohol and substance abuse in Washington State?
- What is the level of treatment needed in Washington State?
- Of those in need of treatment, how many actually receive services?
- What happens to individuals who need treatment but don't receive it?
- What are the benefits of providing alcohol/drug treatment?

Cost of Substance Abuse

Drug and alcohol abuse are major causes of widespread illness, disability, and premature death. The burden on society of these disorders encompasses the use of costly medical services, significant losses of productivity, serious motor vehicle accidents, fire destruction, and criminal activity resulting in property destruction and incarceration.

Total economic costs of drug and alcohol abuse in Washington State for 1996 were estimated at $2.54 billion. This represents a 39 percent increase over the 1990 costs of $1.81 billion. The predominate drivers of these costs were alcohol/substance abuse related mortality ($929 million), and crime ($541 million). Alcohol/drug related deaths increased by 31 percent between 1990 and 1996, from 2,155 to 2,824. According to state prison records, inmates in prison for alcohol related homicides almost doubled (274 to 537) and alcohol related assaults increased by 250 percent (294 to 815) from 1990 to 1996. Prison incarcerations for drug related burglaries saw increased over 50 percent (209 to 342), while incarcerations for direct drug charges more than doubled between 1990 and 1996.

In addition to premature death and crime, significant medical and social service costs are driven by alcohol and substance abuse. One of the major drivers of increased child protective services cases nationally is alcohol and substance abuse – in Washington State approximately 68 percent of parents or guardians of youth in out-of-home placements are substance abusers. Emergency rooms report 60 percent to 80 percent of trauma cases involved alcohol and/or drugs.

Treatment Need

The need for treatment varies by gender, age, and ethnicity. Overall, 11.2 percent of adults living at or below 200 percent of the federal poverty level are currently in need of alcohol/drug treatment (107,823 persons). The highest need for treatment is among Native Americans (18.1 percent) while the lowest need is among Asian/Pacific Islanders (2.3 percent). Caucasians, African Americans, and Hispanic populations have a treatment need of 12.4 percent, 8.1 percent, and 7.2 percent

respectively. Among youth (age 12-17), 17.2 percent need treatment (22,991). Treatment need among youth subpopulations is currently not available.

Level of Treatment Need Currently Met

In the aggregate, 18.3 percent (19,775) of adults in need of public funded treatment and eligible for such services receive care – approximately 2 out of 10. Treatment utilization also varies by population group (i.e., 17 percent of males who need treatment receive it while 20.8 percent of females needing services have access to those services). Race/ethnicity also shows varying treatment access rates. African Americans, Native Americans, and Hispanics show the highest treatment access rates with 50.3 percent, 39.4 percent, and 28.7 percent respectively of those in need of treatment actually receiving such care. Asian/Pacific Islanders and Caucasians have the lowest treatment access rates with 13.5 percent and 15.3 percent respectively of those in need receiving treatment. Among youth (12-17), 22.9 percent of those in need of treatment actually receive services (4,213 youth).

The lack of public treatment resources results in long waiting lists. In general, 8 of 10 adults and adolescents in need of public treatment do not receive services.

Impact of Not Receiving Services

Research has demonstrated that individuals with addictions who do not receive treatment are expensive to society. They commit more crimes, suffer more health problems (accidents, injuries, and illnesses), work less, and utilize more public assistance resources. They also have higher rates of child neglect, unplanned pregnancies, homelessness and psychiatric hospitalizations. Youth with substance abuse problems have higher truancy and school dropout, as well as poor school achievement.

Benefits of Alcohol/Drug Treatment

Research on public funded alcohol/drug treatment shows:

- $3.71 in savings for every $1 invested in treatment (savings include criminal justice, health, and public assistance)
- $4,500 savings in medical services over a five-year period for each Alcohol and Drug Addiction Treatment and Support Act (ADATSA) client treated (above cost of alcohol/drug treatment)
- Over 60 percent drop in low birth weight babies born to substance abusing pregnant women
- Four-fold decrease in arrests for youth receiving treatment
- Significant reductions in utilization of emergency rooms and psychiatric hospitals for clients receiving treatment

Treatment has proven to be effective in improving health, reducing crime and violence, and increasing productivity. The cost of funding alcohol/drug treatment is more than offset by savings in other public supported systems.

Chemical Dependency Treatment Policy Recommendations for 2001-03 Biennium

Treatment services recommended below include outpatient and residential care. Services would be provided through the existing contracting network of the Division of Alcohol and Substance Abuse (DASA). All treatment providers would be required to be approved (accredited) by DASA and to report services on the statewide management information system. While this level of funding would only serve four of every 10 persons who need treatment, significant reductions in demand for other social and criminal justice services should be experienced locally on a statewide basis over the first two years of implementation. Treatment priorities 1,2, and 3 include an increase in services to two underserved populations identified during the Council's prioritization process for 2001-03: Persons on the waiting list for the ADATSA program (Alcohol and Drug Addiction Treatment and Support Act), and populations at high risk for blood borne infections such as HIV and Hepatitis C.

1. **Treatment Priority 1:**

   Increase the public treatment system capacity to serve 40 percent of low-income adults (with children) estimated to be in need of chemical dependency treatment.

Current # Served	# New Persons To Be Served	Cost to Achieve 40%
12,432	4,656	$8.6 million per year

2. **Treatment Priority 2:**

   Increase the public treatment system capacity to serve 40% of low-income adults (without children) estimated to be in need of chemical dependency treatment.

Current # Served	# New Persons To Be Served	Cost to Achieve 40%
8,019	11,167	$20.7 million per year

3. **Treatment Priority 3:**

   Increase the public treatment system capacity to serve 40% of low-income adolescents estimated to be in need of chemical dependency treatment

Current # Served	# New Persons To Be Served	Cost to Achieve 40%
4,213	3,138	$5.8 million per year

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2001-03 POLICY ACTION RECOMMENDATIONS FOR LAW AND JUSTICE

1. **Enhance Meth lab cleanup and protection for children found at lab sites.**

2. **Sustain a statewide network of Interagency Narcotics Taskforces.**

3. **Expand availability of adult and juvenile drug courts and other alternatives to incarceration for drug-affected arrestees.**

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LAW AND JUSTICE RECOMMENDATION FOR 2001-03 BIENNIUM

METHAMPHETAMINE PRIORITIES

Priority Statement

Enhance Methamphetamine lab clean-up assistance and provide protection for children found at lab sites.

The following material is excerpted from a report on Methamphetamine (Meth) abuse issued by the Governor's Council on Substance May 2000.[36] The excerpt material relates specifically to cleanup of Meth labs and protection of children found at lab sites. While lab clean up and protection of children were ranked as the Council's highest priorities for state action, the additional actions recommended in the Council's Meth report are also seen necessary to fully control this problem in Washington State.

Key Policy Questions

- What level of training and technical assistance necessary to adequately train the following:
  - law enforcement and judicial staff statewide for successful investigation and prosecution of Meth lab operators?
  - law enforcement officers statewide in recognition and management of offenders who may be prone to violence due to their Meth addiction?
  - healthcare workers, child welfare, and other social service agencies' staff who work with children and families at risk from Meth addiction or exposure to Meth lab chemicals?
- How can we assure that an effective, collaborative process involving all state and local agencies dealing with the myriad of Meth impacts?
- How can we assure that all state and local agencies have access to current data, including changes in trafficking and Meth use patterns? Can we establish a database system to coordinate the collection and analysis of Meth impact data across agencies statewide?
- How can we use the services of state government economists to research and track economic impacts and the cost benefit of state programs and policy interventions?
- What benchmarks should we set and track to measure our progress toward reducing Meth use and its related impacts?

Key Issues

According to the 1998 Survey of Adolescent Health Behaviors, by the 12th grade, 11 percent of Washington's public school students have tried Meth at least once.[37] The percentage of youth trying Meth doubled between the 6th and 10th grades. In 1997 only 2.3 percent of 6th graders reported they had tried Meth, but for 8th graders that percentage increased to 4.6 percent. For 10th graders, the percentage increased to 9.8 percent.

Meth treatment admissions to publicly funded programs in Washington State have grown dramatically since the early 1990s. The Division of Alcohol and Substance Abuse estimates there are approximately 12,000 people in the state of Washington who are addicted to Meth.

Data for 1993 shows a rate of treatment admissions for stimulant addiction at 486 admissions, or nine per 100,000 population statewide. The number of admissions has increased steadily. In 1999, the number of admissions for stimulant addiction was 4,854, or a statewide rate of 84 per 100,000 population.[38]

Department of Ecology data tracks all responses to Meth labs statewide. The department's data shows a steadily increasing number of illegal drug labs and dumpsites statewide from 1990, when just 38 illegal labs were reported. During 1999 up to 789 illegal drug labs and dumpsites were reported. In just a two-month period from January 1 to March 31, 2000, the Department of Ecology received 362 reports.

Meth Lab Cleanup

Since 1990, the Department of Ecology has been responsible for handling and disposing of hazardous substances found at illegal drug labs. Four regional response teams provide around-the-clock, on-site response, and disposal services. Ecology responders work closely with local and state law enforcement agencies, fire and emergency medical departments, and health authorities to respond to and clean up drug labs. Ecology staff pioneered many innovative and cost saving procedures as response expertise grew in proportion to the drug lab numbers. The 789 labs reported during 1999 have created a serious workload issue for Department of Ecology staff who are seriously overextended. This is particularly true for the southwestern region of Washington where about 60-70 percent of Washington's drug lab responses occur.

Washington currently has five established Meth response teams: King County Sheriff's Office, Seattle Police Department, Pierce County Sheriff's Department, Tacoma Police Department, and the Washington State Patrol's Statewide Incident Response Team (SIRT). The Drug Enforcement Agency (DEA) also has the ability to respond, but has focused most of its efforts on much needed lab response associated training.

Between January and September of 1999, the SIRT responded to 308 calls for assistance concerning Meth labs or lab-related activity. King and Pierce County teams responded to 79 and 130 calls during the same time period.[39] More than 40 percent (318) of the Meth labs reported in 1999 were in Pierce County. Pierce County's Executive has estimated the county budgets over $1 million per year for fighting Meth problems in Pierce County.[40]

The SIRT team is the sole response team for 37 of the 39 counties. The SIRT's responses escalated from 81 in 1995, to 262 in 1999. As a result, agencies requesting SIRT response must often wait several days. This is costly for the requesting agency, and it results in dangerous delays in the removal of hazardous chemicals from community sites.[41] To more adequately respond to these requests an effort is underway to form multi-agency regionalized response teams.

Meth labs are not just an urban problem in Washington State. The Meth problem is spreading to rural areas such as Benton County, where 38 labs were discovered in 1999, and 19 labs were discovered in just the first quarter of 2000. Grays Harbor County, where 16 illegal Meth labs were discovered in 1999, provides a good example of the challenge Meth is presenting in rural areas. The Gray's Harbor Sheriff's Department cannot afford their own trained lab investigation team, so they rely on the SIRT and its mobile lab to respond to suspected residential Meth lab sites.

The statewide demand for help is now so great that requests are often put on a waiting list until SIRT personnel are available to respond. Guarding the site before and after WSP assistance is available is an example of local police agencies' responsibilities that stretch the limited resources of smaller jurisdictions in our state.[42]

By law, the local health jurisdiction is responsible for assessing the health risks at a residential Meth lab site. When the site is found contaminated, the local health jurisdiction is responsible for ensuring the site is decontaminated. As the number of sites has increased, the local health jurisdiction resources to respond have been hard pressed to keep up with the demand for services.

The high cost of cleanup and decontamination is borne by property owners. The cost to clean up one of these sites is estimated to be about $25,000. This represented an estimated statewide economic loss to property owners of about $5.5 million dollars in 1999. The Washington State Department of Health is working with local health jurisdictions, contractors, real estate interests, property owners, and others to reduce decontamination costs. One strategy has been to allow the property owner to decontaminate the site without using the services of a certified contractor.[43]

Protecting Children Found at Lab Sites

The detrimental effects of Meth production and use on children are seen first-hand by members of the SIRT team. SIRT has found children, or evidence of their presence, at an average of 35 percent of Meth lab responses. Many children are found living in deplorable living conditions that include incredible filth, loaded weapons, accessible drugs, and dangerous contamination. A recent lab response in Pend Oreille County found an 11-year-old girl living alone in a mobile home with no running water, no bed, no furniture, and a broken door. The girl's parents, Meth users and manufacturers, had placed her in the trailer because the main residence was being used as a Meth lab.

It is difficult to estimate the number of children in Washington State who are at-risk from parents addicted to Meth. Data from the Division of Children and Family Services (DCFS) indicates that around 67 percent of the children removed from their homes by Child Protective Services (CPS) had caretakers who had substance abuse issues. It is not known how many of these caretakers were addicted to or abusing Meth, since the DCFS does not report drug abuse data by the type of drug involved. Residential Meth lab cleanup crews estimate they find evidence that children are or have been at the lab site in at least 35 percent of the drug labs they are called to investigate. It is routine in many, but not all, lab responses for law enforcement to call in CPS to intervene on behalf of these children. But, in some cases law enforcement responders have had their hands full with investigation activities and have handed the children present at the lab site to the care of neighbors or other relatives without involving CPS.

In response to the danger faced by children and CPS workers exposed to Meth in the course of an investigation, the Department of Social and Health Services is working with the Washington State Patrol, the Department of Health, and the Washington State Office of Community Development to develop a model response protocol. Additional training is planned to help CPS workers recognize Meth situations and how to work with CPS clients involved with Meth.

One of the counties that has collected data on its dependency filings is Clallam County where in 1996, eighty-four percent of the children had parents who were personally impacted by substance

abuse. This percentage rose to 91 percent of the dependency filings for 1997. Due in large part to a unique approach of working with substance abusing parents, 71 percent of the children who were the subjects of dependency filings in Clallam County in 1997 have been successfully reunited with a parent.

The DCFS social workers in Clallam County have developed a community-wide, multi-agency approach for working with substance abusing families. This approach involves the use of an outreach worker to engage the client in treatment. The outreach worker also works actively with inpatient and outpatient treatment providers to assist in follow-through for assessment, referral to inpatient treatment, and post-inpatient services. Post inpatient services include assistance in finding stable, drug-free transitional and permanent housing, random UA's (urine analysis to determine drug use), and post discharge family reunification planning. Their experience in working with Meth addicts is that this process works best when inpatient services are provided for three to six months, and parents have demonstrated the ability to remain drug-free before family reunification takes place. Throughout the process, joint staffings are held with the CPS worker, the treatment provider, and other agencies working with the family.[44]

Need Statewide, Meth-Specific Data

Beyond lab site and school survey data, Meth-specific data is not available statewide. Other sources, including Division of Alcohol and Substance Abuse data on treatment admissions, Child Protective Services data for out-of-home placements, and Uniform Crime Reports collect statistics that include Meth as part of a larger category of drugs. This makes it difficult to document what portion of statewide increases drug-related impacts can be attributed to Meth. Anecdotal reports and data from a few individual counties show that Meth impacts are at least partially responsible for current increases in drug-related service demands. However, without longitudinal, Meth-specific data, this will be impossible to track statewide over time.

Recommendations for 2001-03 State Policy Action

In 1998, the Washington Legislature took action to double the sentence for manufacturing Meth. Legislation was passed during the 2000 Washington State Legislative Session making theft or possession of anhydrous ammonia with the intent to manufacture Meth, a Class C Felony. Another bill, passed during the 2000 Legislative Session, added two years to the standard sentence for persons convicted of manufacturing Meth when children are present. The supplemental budget adopted during the 2000 Legislative Session also included additional funding of $749,000 to increase the Department of Ecology's cleanup staff and $1.2 million for the Washington State Patrol's Statewide Incident Response Team (SIRT).

The Governor's Council on Substance Abuse recommends that this support be continued for the 2001-03 biennium, and be adjusted to meet the demand for service demonstrated during the balance of calendar year 2000. In addition, the Council would like to recommend action for the following recommendations from the Council's recently released study on Methamphetamine Abuse in Washington State.[45]

1. Cross System Coordination and Strategic Planning

- The Governor's Council on Substance Abuse recommends a consortium of state agencies develop a written Memorandum of Understanding (MOU) among the member agencies to detail a strategic management approach to reduce Meth impacts in Washington State. The MOU should lay out a process for establishing and modifying cross-system solutions, specify the role of each consortium agency, and commit each agency to carry out specific responsibilities for dealing with Meth impacts. Responsibilities for the state agency consortium should include:
  - Develop, review, and update model protocols as needed for agencies routinely called to respond to Meth incidents including local health departments, police agencies, hospitals and private medical providers, substance abuse treatment providers, environmental health, and child welfare agencies.
  - Determine training and technical assistance needs for state and local agencies routinely asked to respond to Meth incidents. Provide or arrange for training and technical assistance as needed.
  - Provide semi-annual reports to the Governor and the Legislature on the status of the Meth problem, actions implemented, documentation of results, and recommendations for further state policy action.
  - Establish a system at the state level to collect cross-system data, track trends, and analyze impacts. Data collected and analyzed should be Meth-specific and include statewide crime statistics, treatment admissions, CPS out-of-home placements, Meth-related hospital admissions, environmental impacts, economic impacts, and other indicator data identified by the consortium as important for tracking Meth impacts.
  - Work with economists at the Office of Financial Management to assess the economic impact of Meth and complete cost/benefit analyses for current and proposed policy actions.
  - Develop statewide benchmarks to establish targets and timelines for reducing the number of Meth labs, Meth use, and the related impacts.

- Implement community-level action teams in communities with Meth impacts.

2. Public Education Campaign

Design and conduct a public information campaign to educate the general public about Meth impacts, and when and how to report suspicious activity that may indicate the presence of an illegal Meth lab. These include unusual odors and the dangers for environmental contamination and personal exposure to toxic substances at Meth labs and dump sites. An important segment of this training should be targeted toward educating owners of rental properties about Meth lab contamination and the costs of cleanup that are currently borne by the property owners.

- Educate retailers selling products containing Meth precursors
  - Provide training for retailers and sales clerks about products containing precursors for Meth production.
  - Work with retail organizations to set limits on the quantity of products containing precursors that can be purchased.
  - Provide training for retailers on how to identify a potential problem, procedures for managing customers attempting to purchase large quantities of products containing precursors, and when to call for assistance if they suspect a customer may be buying precursor substances to manufacture Meth.
- Educate fertilizer distributors and agrichemical users
  - Provide education and information to fertilizer distributors and users of agrichemicals about the need for security at storage facilities to prevent anhydrous ammonia theft and environmental leakage from damaged equipment.
- Educate persons who provide services in residential settings
  - Provide training and informational materials to persons in jobs requiring extensive work in residential settings such as utility workers, cable television installers, and insurance adjusters.
  - Design training to help identify suspicious activities and signs of Meth labs and dumpsites, as well as when to call to make a report.

3. Recommendations for Law Enforcement and Environmental Health

The major concern for law enforcement, environmental, and health professionals involved in the investigation and cleanup of Meth lab sites is the increasing number of reports of Meth labs have made it impossible to provide the level of response necessary to assure public health and safety. Even so, there are a number of system improvements the Meth Workgroup believes will enhance the success of efforts to reduce the number of Meth labs.

- Improve collection and analysis of crime data
  - Develop a unified data collection system to collect and analyze crime data related to illegal Meth labs and drug trafficking to provide more cross-jurisdictional information and identify patterns for better interdiction.

- Develop a data collection and retention system to track the quantity and type of wastes removed from lab sites.
- Track costs and other impacts on the law and justice system.

- Enhance staff and training of local law enforcement agencies
  - Provide training for local law enforcement agencies to help stem the increased manufacture and use of Meth, especially in rural areas of the state.
  - Provide resources necessary to afford adequate and timely criminal investigation of suspected drug labs and environmental cleanup of toxic substances that remain after a lab is discovered.
  - Increase resources available to local health departments for response to local Meth problems.
  - Educate owners of rental property about the condemning of property and the landlord-borne costs for cleanup of residential Meth lab sites.
  - Require notification of prospective tenants by landlords when the property has been contaminated.
  - Train medical providers
  - Provide training and technical assistance to emergency rooms and private medical providers in treating individuals exposed to Meth lab chemicals.

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LAW & JUSTICE RECOMMENDATIONS FOR 2001-2003 BIENNIUM

MULTI-JURISDICTIONAL NARCOTICS TASK FORCES TO DECREASE DRUG TRAFFICKING

Priority Statement

Ongoing support for the Multi-Jurisdictional Narcotics Task Forces is crucial for collaborative law enforcement efforts to effectively decrease drug trafficking in Washington State.

Key Policy Questions

- What is the importance of Multi-Jurisdictional Narcotics Task Forces to the reduction of drug trafficking in Washington State?
- Should the Multi-Jurisdictional Narcotics Task Forces continue to receive federal Byrne Grant or other state allocated funding?
- Is the current level of Byrne Grant funding sufficient for what the Multi-Jurisdictional Narcotics Task Forces are required to do?
- What have the Multi-Jurisdictional Narcotics Task Forces accomplished?

History and Description of Model

The majority of ongoing multi-jurisdictional narcotics task forces in Washington State were formed between 1987 and 1993. Their purpose was to address the rapid rise in drug trafficking and related crime, targeting both street level and higher level traffickers. Starting in 1991, the focus of the taskforces shifted from the local street level dealers most visible to the general public to the drug offenders who operate at levels above the ability of most local police agencies to adequately investigate. By merging the personnel, equipment and fiscal resources of multiple local law enforcement agencies, multi-jurisdictional narcotics task forces have created the ability to pursue high-level drug traffickers. One major advantage is that with combined resources and active inter-agency cooperation, taskforces can also investigate and arrest offenders without regard to the local jurisdictional boundaries. These boundaries had often hampered single agency investigations before the taskforces were formed.

Initially 10 task forces were funded, and an additional 11 were added as soon as federal funding became available. One of the original 21 taskforces has gone out of service due to the lack of sufficient commissioned officers to provide both basic patrol and specialized enforcement services.

There are currently 20 regional narcotics task forces that receive federal Byrne Grant funding through contracts with the Washington State Office of Community Development (OCD). OCD also contracts with the Washington State Patrol (WSP) to provide trained narcotics investigation support for taskforces that request it. The WSP provides investigators or supervisors to nine of the taskforces utilizing grant funds and six utilizing state funds. An additional WSP officer will be assigned to another taskforce in July 2000. Additional assignment of WSP personnel to taskforces is limited by WSP's lack of funding for non-patrol personnel assignments.

The 20 task forces receiving Byrne funding are comprised of 77 local law enforcement agencies, two tribal police departments, the WSP, and representatives of several federal agencies. These task forces actively cover 34 of Washington's 39 counties, and provide limited coverage for three more counties. There are three additional narcotics units in Seattle, Tacoma, and King County that have more than three full time drug dedicated investigators that do not receive federal Byrne grant funds. Collectively the taskforces serve more than 95 percent of the state's population. A few small counties remain unserved by a narcotics taskforce either because they lack sufficient police officers to provide both basic patrol services and assign officers to a task force, or because Byrne grant funds are insufficient to expand the number of taskforces beyond those already funded.

To work effectively across jurisdictions, the multi-jurisdictional model must have personnel committed by multiple, member agencies, as well as funding from multiple sources. The basic taskforce model requires a minimum of four investigators, a supervisor, support staff, and prosecutorial support. All of the 20 current task forces meet this minimum staffing requirement. More than half of the taskforces have full-time dedicated prosecutors. Those taskforces operating without full-time prosecutors receive other sufficient prosecutorial support from their member counties to handle the taskforce generated caseload.

Adoption of an intelligence system common to law enforcement beyond this state's task force program is essential for intelligence gathering activities. To meet this need, all 20 task forces have adopted the Regional Information Sharing System (RISSNET) operated by the Western States Information Network (WSIN) that is operative throughout the western United States.

What the Multi-Jurisdictional Taskforces Have Accomplished

- Washington State's 20 multi-jurisdictional narcotics taskforces have achieved a conviction rate of 96 percent, compared to a national conviction rate of 52 percent.
- For federal Byrne grant requirements the taskforces are only required to achieve a 20 percent arrest rate for mid to upper-level drug traffickers, but Washington taskforces have achieved a 57 percent arrest rate for mid to upper-level traffickers.
- The retention period for law enforcement personnel assigned to taskforces has increased from just two years in 1996, to over four years in 1999.
- In 1999, over 65 percent of the drug enforcement awareness and investigation training for local police departments was provided by the multi-jurisdictional taskforces.

Key Issues for Policy Consideration

Currently the Multi-jurisdictional Narcotics Task Force Program is the only statewide law enforcement mechanism for pursuing the category of offenders between street level dealers and their immediate suppliers, and those organizations targeted by federal agencies.

The Multi-jurisdictional Narcotics Task Forces provide half of all the drug-dedicated law enforcement officers in the state, and virtually all of the dedicated drug enforcement officers in rural areas. Although the support for local law enforcement has traditionally been viewed as a local government responsibility, local law enforcement agencies are unable to adequately address cross-jurisdictional and statewide drug trafficking problems without this multi-jurisdictional support.

Redistribution of Federal Funds Based upon Need and Effectiveness

The only state funding support provided for narcotics enforcement above the street level is the match provided for the federal Byrne Grant funds received by the Washington State Patrol.

The Byrne Grant Advisory Committee will discuss redistribution of federal Byrne Grant funds during 2000-2001. Key to this discussion will be how to avoid diminishing the gains that taskforces have made while still addressing the varying rates of substance abuse, crime, drug trafficking, population density, and resources available in different parts of Washington State.

Data Collection, Intelligence and Reporting

The database system developed by WSP using Advanced Revelation software (AREV), has become outdated for the reporting and documentation needed to meet federal funding requirements. The WSP is currently working with OCD to field an interim system, pending identification/development of a replacement. Until an appropriate system is developed or identified, data collection will remain labor intensive.

Intelligence collection and analysis after AREV is being conducted by use of RISSNET and various local intelligence systems. No mechanism for avoiding duplicative data entry has been identified despite repeated attempts.

Outcome Measures vs. Performance Measures

The lack of appropriate outcome measures for law enforcement programs of this type is a national issue as well as a local program issue. All performance measures to date are best described as impact and effectiveness measures. Two major obstacles to using outcome measures are:

- A massive data collection will be required.
- Applying the same types of impact measures to different areas in the state with unique characteristics (i.e., urban, rural, type of needs, target selection, etc.) increases the complexity of developing an adequate database. The relationship between indicator data such as treatment demand, drug-related deaths, and other social and economic costs has not been adequately researched for correlation with the law enforcement priorities. Therefore, although these data can provide a picture of the environment and how it may be changing, it is difficult to identify a direct relationship between changes in the indicator data and implementation of specific law enforcement initiatives.

Resources to Respond to Social Service Needs Identified by Task Forces

The task forces have routinely found children present at both marijuana grows and Meth labs.

- At marijuana grows, task forces have repeatedly had to forego immediate arrest of all the parties of the operation in order to provide for continual supervision of the children present.
- At Meth production sites, task forces have been instrumental in charging the operators with child endangerment and removing the children from parental control.

In both situations social services often lack the resources to respond with the task force, forcing the police into actions that are normally considered inappropriate or wasteful of their resources.

Funding Threats

- The federal Byrne Grant funds available to Washington State decreased this year (July 2000-June 2001) by $320,000. Although Congress appropriated the same amount of funds as the previous year to the Byrne program, the President directed the Department of Justice to change the distribution between Byrne discretionary and Byrne formula block grant funds components. This resulted in a larger portion of the funds being earmarked for special projects, reducing the funds available for state-identified projects.
- Currently the annual Byrne Grant award to states is made on the condition that states comply with changes in the National Sex Offender Program. This year four of the six registration elements were enacted by the State Legislature. Should the two remaining required elements not be enacted during the next session, the state will lose 10 percent of its FFY 2002 award.

Proposed Alternatives for Policy Action

1. Continue current level funding for the Multi-Jurisdictional Narcotics Task Forces

The Multi-Jurisdictional Narcotics Task Forces Program receives both state and federal funding. The Byrne Grant funding is awarded on a formula and competitive basis.

Fiscal Detail

Operating Expenditures	FY 2000	FY 2001	Total
General Fund – Federal			
Task Force General	$ 3,603,250	$ 3,603,250	$ 7,206,500
Dedicated Prosecution	$ 531,000	$ 620,000	$ 1,151,000
WSP	$ 1,552,800	$ 1,363,000	$ 2,915,800
General Fund – State			
WSP Match	$ 518,000	$ 454,000	$ 972,000
Total Cost	**$ 6,205,050**	**$ 6,040,250**	**$ 12,254,300**

Effects if Not Funded At Current Level

Drug trafficking and abuse and related crime will sharply increase if enforcement is cut. Those jurisdictions capable of adequately controlling street dealers will simply force drug sales into adjacent areas not served by multi-jurisdictional taskforces where the prevalence of drug trafficking will overwhelm whatever enforcement effort can be mounted. Related property and violent crimes will also sharply increase in all areas, regardless of street enforcement, as users seek additional means to buy drugs and dealers seek to control unpoliced turf.

A second negative impact will be an increased public perception that drug dealing and/or abuse has minimal consequences, and is therefore acceptable.

2. Increase funding for the Multi-Jurisdictional Narcotics Task Forces

This information is currently being collected and analyzed by OCD and will be provided as soon as it is available.

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LAW AND JUSTICE RECOMMENDATIONS FOR 2001-03 BIENNIUM

SENTENCING ALTERNATIVES

Priority Statement

The state should take action to develop effective sentencing alternatives to decrease the use of incarceration and minimize criminal recidivism for drug-affected offenders.

Key Policy Questions

- What sentencing alternative models have been shown to be effective for drug affected populations as alternatives to incarceration?
- What are the most effective models for reducing drug use and lowering recidivism rates for drug-affected offenders?
- How do the programs in place in Washington State compare to national models?
- What system should be in place to provide sentencing alternatives? What capacity would be necessary to meet Washington State's needs?
- What efforts are currently underway that could provide a more in-depth evaluation of this issue?
- Should the current efforts to establish Drug Courts be continued or enhanced?

Key Issues

Drug offender options will be reported by the Washington State Institute for Public Policy, in consultation with the Sentencing Guidelines Commission. It will evaluate the impact of implementing the drug offender options provided for in RCW 9.94A.120(6). The Commission will submit a final report to the Legislature by December 1, 2004. The report will describe the changes in sentencing practices related to the use of punishment options for drug offenders and include the impact of sentencing alternatives on state prison populations, the savings in state resources, the effectiveness of drug treatment services, and the impact on recidivism rates. [1999 c 197 § 12.]

For the period July 1, 1998 through June 30, 1999 (FY 1999), there were 24,391 felony sentences imposed representing a one percent increase from the number of sentences imposed in FY 1998.[46]

Under the Sentencing Reform Act (SRA), every adult felony offense has a standard (presumptive) sentence range that is determined according to the seriousness of the current offense and the number and type of the offender's prior and other current offenses. In most cases, an offender will receive a sentence within the standard range for that offense. A sentencing judge may order an exceptional sentence outside the standard range if there are compelling and substantial reasons to do so. For some non-violent offenders who have no prior felony convictions and who are not being sentenced for a sex offense or certain drug offenses, they may have the standard sentence waived.[47]

The alternative called the First-time Offender Waiver (FTOW), allows the sentencing judge to impose up to 90 days in jail, two years of community supervision and several conditions, such as maintaining employment or receiving treatment.[48]

The Drug Offender Sentencing Alternative (DOSA) allows for a reduction in confinement time for eligible offenders, combined with intensive treatment while in confinement and also during supervision in the community.[49]

History and Program Model Development for Sentencing Alternatives

1981

In 1981, the Legislature enacted the Sentencing Reform Act (SRA) of 1981 through RCW 9.94A.010. The SRA was enacted to make the criminal justice system accountable to the public by developing a system for the sentencing of felony offenders. This system structures, but does not eliminate, discretionary decisions affecting sentences to ensure that the punishment for a criminal offense is proportionate to the seriousness of the offense and the offender's criminal history; be commensurate with the punishment proposed on others committing similar offenses. It also was enacted to protect the public, offer the offender an opportunity to improve him or herself, and make frugal use of the state's resources.[50]

1983

In 1983, the Legislature considered certain factors which could not be considered in sentencing the offender, including race, creed, and gender to prohibit discrimination as to any element that did not relate to the crime or the previous record of the defendant. The statute requires the sentencing guidelines and prosecuting standards be applied equally "without discrimination."[51]

1993

The 1993 Legislature authorized the Department of Corrections to require offenders under its supervision to pay for special services including electronic monitoring, day reporting, and telephone reporting, depending on the offender's ability to pay.

In 1993, Initiative Measure No. 593 (the "Three Strikes" provision) amended RCW 9.94A.030(29) subsection (4), to require persistent offenders to be sentenced to life in prison without the possibility of release, unless the death penalty is imposed for Aggravated Murder under RCW 10.95.030. Initiative 593 also provided that mandatory periods of total confinement under this subsection may not be reduced during the mandatory minimum term of confinement for any reason other than emergency medical treatment, or in the case of those convicted of Rape 1, commitment to an inpatient treatment facility.

1995

The 1995 Legislature created an optional, treatment oriented Drug Offender Sentencing Alternative (DOSA) for offenders convicted of manufacture, delivery, or possession with intent to manufacture or deliver a small quantity of a narcotic drug, where the offender has no previous felony convictions, where there is no deadly weapon enhancement, and where the sentencing court determines that the offender would benefit from substance abuse treatment. Under the alternative, an eligible offender is sentenced to total confinement for a period equal to half of the midpoint of the offender's standard range sentence (i.e. 12 months if the standard range is 21-27

months). The period of confinement must be served in a state correctional facility, even if it is for less than 12 months.

Substance abuse treatment must be provided within the facility during total confinement, as well as after release on an outpatient basis. Offenders sentenced under this alternative may not be placed on work release for more than three months, unless the midpoint of the standard range is more than 24 months (i.e., their period of total confinement is more than 12 months).

Upon release at half the midpoint, offenders sentenced under the DOSA remain on community custody status for an additional year, not including any period in which they are returned to confinement for violating the terms of their release. During this period they are subject to urinalysis or other testing to monitor drug-free status.

The DOSA was not intended to be available to offenders convicted of manufacture, or possession with intent to manufacture or deliver Methamphetamine, because such offenders were eligible for the First-time Offender Waiver. The Legislature, however, did exclude such offenders from the definition of the "First-time Offender," and thus those offenders were rendered ineligible for either of the sentencing alternatives. The 1998 Legislature, enacting the "Offender Accountability Act," modified RCW9.94A.120 to authorize the imposition of affirmative conditions, both by courts and by the Department of Corrections, on eligible offenders serving a period of community custody, for offenses committed on or after July 1, 2000.

1999

The 1999 Legislature expanded the eligibility for the DOSA to include all non-violent, non-sex offenders convicted of violating the Uniform Controlled Substances Act, including Methamphetamine offenses, and also any other non-violent, non-sex offenders deemed by the court to have a chemical dependency that contributed to the crime. Effective July 25, 1999, offenders with prior felony convictions are now eligible, so long as they were not violent or sex offense convictions. Courts can prohibit DOSA offenders from drug and alcohol use and may impose other affirmative conditions, and violators are subject to graduated sanctions, including reclassification to serve the unexpired term of total confinement. All drug offenders are ineligible for sentence to Work Ethic Camp by the 1999 Legislature. Offenders subject to federal Immigration Naturalization Services (INS) deportation detainers or orders are not eligible for DOSA.

In 1999, the Legislature, enacting the "Offender Accountability Act," established another purpose of the Sentencing Reform Act: to reduce the risk of re-offending by offenders in the community. The Legislature also expanded upon the goal of making frugal use of state resources to promote frugal use of local governments' resources as well.

Under the Offender Accountability Act, "community custody," first defined in 1988 in relation to the community placement program, and amended by the 1996 Legislature to include the status of persons sentenced under the Special Sex Offender Sentencing Alternative (see RCW 9.94A.120(8)), was again extended by the Legislature to apply to all sex offenses, all violent offenses, all crimes against persons (defined in RCW 9.94A.440) and all felony drug offenses (except DOSA sentences) committed on or after July 1, 2000. "Community custody" replaces "community supervision," "community placement" and "post-release supervision."

Offenders required to serve a period of community custody as part of the sentence will be supervised according to their risk and may have affirmative conditions imposed upon them by sentencing courts (such as rehabilitative treatment), as long as such conditions are reasonably related to the circumstances of the offense, the risk of recidivism and community safety. The Department of Corrections may also impose affirmative conditions, as long as they are not in contravention of court orders (see RCW 9.94A.120(5)(b)(ii), (7), (11), (14), (15) and (16)). "Community custody range" was defined by the 1999 Legislature as part of the "Offender Accountability Act." The Sentencing Guidelines Commission was directed to formulate community custody ranges by December 31, 1999, which will become effective for eligible offenses committed after July 1, 2000, unless the Legislature modifies the Commission's proposal in the 2000 legislative session. Courts will sentence offenders to community custody for the period of the community custody range or for the period of earned release time, whichever is longer. Offenders will be required to remain on community custody for their period of earned release or for at least the minimum of their community custody range, whichever is longer.

Several categorical offenses were redefined in the Sentencing Reform Act that have bearing on the model of sentencing alternatives in Washington State. "Drug Offense" excludes simple possession, forged prescriptions, and violations of the Legend Act. In 1999, the Supreme Court clarified that solicitations to commit violations of the Uniform Controlled Substances Act (RCW 69.50) are not "drug offenses" and are not subject to the multiple "scoring" requirement for drug offenses under RCW 9.94A.360, or to the community placement requirement for drug offenses.

The "First-time Offender" at first confused practitioners and raised concerns whether prior juvenile convictions precluded an adult offender from being sentenced as a "First-time Offender." Changes in the definition in 1986, and again in 1995, by the Legislature excluded persons convicted of manufacture, delivery, or possession with intent to deliver Methamphetamine. In 1998, the Legislature amended the definition again to exclude persons convicted of manufacture, delivery, or possession with intent to manufacture or deliver Flunitrazepam from Schedule IV (commonly known as Rohypnol).

The 1999 Legislature authorized courts to order certain domestic violence offenders to participate in domestic violence perpetrator programs as part of their term of supervision in the community. See RCW 9.94A.120(24).

Community custody is required for all sex offenses, all violent offenses, all crimes against persons, and felony drug offences (except DOSA sentences) committed on or after July 1, 2000, and community custody will replace "community placement" and "community supervision" for all offenses after that date.

Byrne Grant Local Government Court Enhancement Model

Under the Byrne Memorial Grant, a federally funded US Department of Justice grant for law and justice improvements in Washington State, the Washington Defender's Association (WDA) provided for an enhancement to the courts in Eastern and Western Washington local governments, in developing sentencing alternatives, treatment options, and diversion programs for adult and youth offenders including offenders with special needs for social and health services in conjunction with sentencing alternatives to incarceration. By providing statewide on-site training, defenders legal and administrative support, access to court approved legal materials

and guidance, and access to a library of resources, local governments improved the efficiency of the adjudication process, saved money, and provided more appropriate and constructive sentencing for offenders.[52]

The Drug Court Model as An Alternative to Incarceration

According to a 1999 legislative session report, the Department of Corrections reports 80 percent of all offenders that are sentenced are arrested for a drug offense or a crime that is a result of a chemical dependency.[53]

The Washington study, *The Arrestee Estimates of Substance Abuse Treatment Need*, reports that a very high number of arrestees at three adult prison sites are in need of substance abuse treatment–56 percent in Yakima County, 65 percent in King County, and 79 percent in Whatcom County.[54]

Using federal funding from the Department of Justice (DOJ), Washington State's first drug courts were started in 1994 in King and Pierce counties in response to increased numbers of nonviolent, substance-abusing adult offenders entering the system. Since then, seven counties (King, Pierce, Skagit, Snohomish, Thurston, Whatcom, and Yakima) have been identified as high intensity drug trafficking areas (HIDTAs) by the Office of National Drug Control Policy (with approval by Congress), and are therefore eligible for federal funds from DOJ to combat drug use and associated crime. This money was the impetus for establishing drug courts in Skagit and Thurston counties. Subsequent federal money has been available for the courts through Office of Justice Programs (OJP/DOJ) grants. These grants are also time-limited.

The supplemental budget passed by the 2000 State Legislature provides $442,000 in state funds to be matched on a dollar-for-dollar basis by the county governments in King, Pierce, and Spokane counties to offset the federal Byrne funds scheduled to run out June 30, 2000.

Adult drug courts currently operate in eight counties: King, Pierce, Spokane, Clallam, Thurston, Kitsap, Cowlitz, and Skagit. Also, within the two tribal communities of Makah and Spokane, drug court programs are also in place. Juvenile drug courts are in place in Clallam, King, and Kitsap counties. Pierce, Spokane, and Yakima counties have obtained planning grants for juvenile drug courts. In addition, drug courts are just starting or being planned in Clark, Snohomish, Whatcom, and Yakima counties with OJP and HIDTA funds.[55]

The drug court model differs in important ways from previous efforts by providing drug treatment to offenders with underlying drug problems. "In the drug court model, various components of the criminal justice and substance abuse treatment systems work together to try to use the coercive power of the court to promote abstinence and pro-social behavior."[56]

Drug courts vary from program to program and reflect the needs and strengths of the specific communities they serve. In January 1997, based on the experience of drug court practitioners throughout the nation, the following ten key components were identified:

1. Drug courts integrate alcohol and other drug treatment services with the justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and related treatment.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.[57]

Historically, the Legislature maintained distinct areas of authority in relationship to Washington's 39 counties. It has also exercised reluctance in dictating and involving itself in county-level programming. Recent fiscal challenges posed by passage of I-695 compete in a significant manner with other priorities. For the past two legislative sessions, local jurisdictions have initiated legislative action to fund drug courts. While drug courts have won the support of an alliance of law enforcement, prosecutors and public defenders, and "tough on crime" proponents, both requests for state funding failed.

- HB 1006 (Drug Offenders) defined drug courts and established conditions, including local matching funds, which drug courts must meet in order to receive state funds.
- SB 5180 (Operating Budget) which, without providing additional funding, authorized DOC to transfer up to $3 million to local government for drug court operation.

As of July 2000, drug courts in King, Pierce, and Spokane counties lose their eligibility to receive $991,000 in federal Byrne Grant funding for their drug court programs. While each county has operated with some local funding, the majority of funding is federal. Byrne Grant rules sunset recipients at forty-eight months leaving Washington's three largest and oldest drug court programs in jeopardy. In order to serve participants through SFY 2001, these counties report that they will need a combined $1.4 million in state and local funds to continue.

What Sentencing Alternatives have Accomplished[58]

- Expanded the number and efficacy of alternatives to incarceration for first time and certain non-violent, low risk offenders.
- Extended supervisory control over offenders after their period of confinement and before they are set free from the court's sentencing subject to rehabilitation and drug/alcohol and mental health treatment for certain offenders requiring interventions before final transition.
- Separated violent offenders, sexual offenders, and persistent offenders from general classification for sentencing and eligibility for sentencing alternatives to standard ranges.
- As compared with FY 98, the most significant change in sentences imposed was a 9.6 percent decrease in murder sentences. There were slight increases in the number of

sentences imposed for robbery and for drug offenses, but the number of sentences imposed for most crime types remained almost unchanged from FY98:

+ 4.4% Robbery (from 643 to 671)	-0.9% Property (from 8,564 to 8,487
-9.6% Murder (from 156 to 141)	+3.2% Drugs (from 7,855 to 8,105)
+1.1% Manslaughter (from 93 to 94)	+0.2% Sex (from 1,122 to 1,124)
+0.3% Assault (from 3,505 to 3,514)	

- In FY99, 29.1 percent of all sentences resulted in a prison sentence, almost unchanged from 29.4 percent in FY98.
- In FY99, sentences for Violations of the Uniform Controlled Substances Act (VUCSA) increased by 3.2 percent over VUCSA sentences in the previous year. Sentences for "non-dealing" VUCSA offenses increased, rising by 7.4 percent; sentences for "dealing" offenses actually decreased by 3.9 percent.
- The number of First-time Offender Waiver's (FTOW) granted decreased from 3,051 in FY98 to 2,898 in FY99, a 5 percent decrease. Approximately 21 percent of the FTOW sentences were below the standard range minimum, while the remainder included sentences within or above the standard range.
- In FY99, 23 offenders were sentenced to life in prison as persistent offenders under the "three strikes" provision of Initiative 593. Four sex offenders were sentenced to life in prison in FY99 under the "two-strike" provision of the Initiative, and 27 new persistent offenders sentenced to life in prison in FY99 was the same as in FY98.

The Accomplishments of Drug Courts as a Sentencing Alternative

Estimates are that drug courts can help reduce the incidence of post-program criminal offending in Washington by approximately 16 percent.[59] The concept of cost avoidance looks at: 1) costs that would have occurred if the case had been adjudicated in the traditional manner, and/or 2) savings associated with reduced criminal recidivism.[60] The oldest drug court program in Washington State is six years old. Outcome data indicating the level of effectiveness of drug court programs to reduce law and justice costs will require prolonged study. Variances in program design, treatment models, staffing, funding, community dynamics, operating time, evaluation methods, and resources to support evaluation, render comparison difficult, and evaluation for effectiveness across programs challenging.

Local and national research on drug courts continues to suggest they are an effective strategy for treating substance abuse and reducing crime. The study *Behind the Bars: Substance Abuse and America's Prison Population*, highlights the strong correlation between recidivism and substance abuse; inmates who are alcohol and drug abusers and addicts are most likely to be reincarcerated repeatedly.[61] Estimates are that at least 68 percent of the state's prison inmates are reported to have substance abuse problems. Current estimates are that 75 percent of all inmates, who need treatment, do not have access to treatment while incarcerated.

Drug courts programs can be expensive to operate. Cost savings are deferred further downstream in the criminal justice system to other areas such as reduced jail/prison and probation costs. The opportunity to experience savings in court operations is more likely to occur in the State's larger drug courts systems.

- Drug courts save money.

  A simple review of cost comparisons illustrates its significance as an effective law and justice and treatment intervention strategy: current estimates are that it costs $22,873 per year to incarcerate an inmate at the state Department of Corrections.[62] Projected lifetime costs of a heavy drug user range from $158,600 to $390,800.[63] In a National Center on Addiction and Substance Abuse (CASA) study, taxpayers were projected in 1996 to spend $30 billion annually to incarcerate inmates for drug-and alcohol-involved crimes.

  In contrast nationally, drug courts have reported savings as high as $5,500 per participant in reduced jail and prison costs. Average cost of providing treatment to adults is reported to cost approximately $2,033.[64]

  A 1997 evaluation study of King County's pre-sentencing program, drug court case processing (court, prosecution, public defense and law enforcement) costs were reported to be lower than the usual court processing of defendants in drug cases. In a 1998 review, King County's drug court reported an annual cost avoidance of $522,000 (78 percent of the treatment and new administration costs of the drug court).[65] Washington State Institute for Public Policy review supports the idea that drug courts provide taxpayers an effective way to save criminal justice costs; approximately $2.45 for every dollar spent on drug courts. A Pierce County Drug Court evaluation concluded that drug court processing saves an average of $1,449 per case over traditional processing of felony drug possession cases.[66]

- Drug courts are effective in helping drug involved offenders overcome their addiction and criminal involvement.

  Recently released information from the University of Washington Alcohol and Substance Abuse Institute - drug court evaluation cites:

  - Data on earnings retrieved from the State Alcohol and Drug Addiction Treatment Support Act (ADATSA) revealed that "graduates of the Drug Court program showed increased earnings, and the increases significantly and substantially exceed those of the other groups" (those who are eligible but decline participation or enter and fail).
  - In the three counties studied: King, Pierce, and Spokane, graduated participants had higher earned income than the other groups. Post-intervention medians (at the point of entry into drug court) show striking increases in incomes for graduates.
  - Drug courts provide the criminal justice system with an effective intervention for offenders who are drug involved; only nine percent of graduates had new felony charges; 25 percent of those who declined or failed the program had new felony charges.[67]

  Level of activity for a drug court is exemplified in King County's reporting which identified 1,450 defendants having been entered-to-date; 402 are participants currently active in its program, and 252 have graduated from its program. Ample anecdotal information also exists that speaks to the many other benefits of drug courts. Besides individual rehabilitation, drug courts have promoted cooperation between law and justice and treatment services, strengthened community relations with the justice system, reunited families, and created new levels and capacity for interagency collaboration.

Recommendations for Policy Action

The following actions are recommended as steps that need to be taken as a basis for informed State policy action:

1. **Sustain funding support for counties where federal support for drug court programs is ending.**

   For the 2001-03 biennium, continue state funding allocated in the 2000 Legislature to match local government funding for drug courts. The strategic plan should be refined and made consistent with WSIPP's findings and conclusions in its final report due to the Legislature in 2004.

   The drug courts currently in operation will need approximately $1.4 million in state and local funds to continue to serve participants through SFY 2001.

   Current estimates for minimal funding levels for existing drug courts statewide, after SFY 2001, are thought to be around $1.1 million per year.

2. **Consider state funding support to increase the capacity and the number of drug courts available across the state as part of an overall strategy for sentencing alternatives for drug-affected offenders.**

   Drug courts provide significant cost-savings and costs avoidance for future health and social services expenses and law enforcement costs as well as reductions in criminal behavior and related costs to victims and communities.

3. **During the interim between the start of the study by WSIPP and its conclusion in 2004, and between issuance of WSIPP progress reports to the Sentencing Guidelines Committee, the public should be given access to the study's findings to foster informed policy recommendations and actions in the following areas:**

   - Coordination among national, state, and local criminal justice organizations on sentencing alternative issues.
   - Efforts to measure and improve existing sentencing alternatives.
   - The feasibility of "braided" funding for program alternatives to incarceration and sentencing such as drug courts, treatment-in-jails, and defenders' alternatives training.
   - Effectiveness of the SRA after July 2000, to include the impacts of DOSA, FTOW, and offender rehabilitation and return to communities (relapse, recidivism and criminality).

4. **Based on the findings of the interim progress reports, the Legislature should develop a strategic plan for implementing a coordinated sentencing alternatives program.**

   The decision to provide additional State funding for drug court expansion should be considered as part of an overall strategy approach for use of sentencing alternatives.

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2001-03 POLICY DEVELOPMENT RECOMMENDATION

The Governor's Council on Substance Abuse would like to encourage the Children's Administration within the Department of Social and Health Services to take the following policy development action:

- Research and document the prevalence of substance abuse among its clients whose children are placed out of the home and are in dependency status.
- Wherever possible, identify and implement program elements and strategies that lead to successful intervention and reunification for families impacted by substance abuse.

Rationale for Recommendation

In 1996, welfare reform legislation was passed which limits welfare assistance to five years and requires able-bodied adults to work after two years. Although the new law requires states to put welfare recipients to work, many will be unable to work because of alcohol and drug problems. Failure to deal with this group effectively could cripple welfare reform efforts in Washington State.

Significance

National estimates are that between 15 percent and 27 percent of adults receiving Aid to Families with Dependent Children (AFDC–the largest federal welfare program) are in need of treatment for alcoholism or drug abuse. Without chemical dependency treatment or collateral vocational services, it is likely that few of these persons will become employed.

For example, preliminary studies conducted in Washington State indicate that fewer than 15 percent of untreated indigent substance abusers earned more than $320 per month over a 4½-year period. In comparison, almost 30 percent of indigent substance abusers that received chemical dependency treatment earned more than $320 per month over this same time period and almost 50 percent who received both treatment and adjunct vocational services earned this amount.

Although these data point to the importance of providing both chemical dependency treatment and vocational rehabilitation services to substance abusing welfare recipients, more information is needed to identify both specific service needs and more specific prevalence estimates particular to Washington State.

Alcohol and other drugs are consistently found associated with interpersonal violence. Child abuse is perhaps the most egregious form of such violence. According to a recent report, Child Protective Services (CPS) staff received a total of 74,638 referrals in 1995. About 56 percent were accepted by CPS, involving 45,206 separate victims.

Child welfare workers have long been aware of the large number of substance dependent parents among their caseloads. This impression has been recently verified by data from the Washington State Office of Children's Administration Research, which shows:

- 67 percent of caretakers of children removed from the home have substance abuse issues, as do approximately 15 percent of children under the age of 12.

- Infants born to the relatively small population of low-income substance abusing women account for a large share of CPS referrals and out-of-home placements.
- 44 percent of infants born to substance abusing women are reported at "high-risk" of imminent harm.
- 18 percent of infants born to substance abusing women are placed out of home.

It would be useful to have more precise prevalence rates of substance abuse among Division of Children and Family Services (DCFS) clients (caretakers and children).[68]

Note: The rationale for this policy development recommendation is an excerpt from *1997 Report and Recommendations for State-Funded Research Priorities to Reduce Substance Abuse in Washington State.*

APPENDIX 1
METHAMPHETAMINE WORKGROUP

Department of Social and Health Services
Division of Alcohol and Substance Abuse
Doug Allen
Fred Garcia
Fritz Wriede

Project SURE
Alcohol Drug Institute
University of Washington
Ed Amato
Cassandra Clark, Ph.D.
Michael Gorman, Ph.D.
Shawn Welch

Washington State Patrol
Dan Davis
Jim Chromey

Seattle & King County Public Health
NEON Program
James Fisher, Ph.D.

Drug Use and HIV/AIDS Prevention
Seattle & King County Public Health
Michael Hanrahan

Spill Response Section
Department of Ecology
Steve Hunter

Washington State Senate Staff
David Johnson

Prevention Services
Stonewall Recovery Services
Susan Kingston

Office of Environmental Health and Safety
Department of Health
Lew Kittle

Office of the Lieutenant Governor
Washington State Narcotics Investigators Association
Roger Lake

Governor's Council on Substance Abuse
Safe Streets Campaign
Priscilla Lisicich, Ph.D.

Far West Fertilizer & Agrichemical Association
Scott J. McKinnie

Governor's Council on Substance Abuse
Washington State Community,
Trade and Economic Development
Carol Owens, Ed.D.
Harvey Queen
Rick Vargas

Governor's Council on Substance Abuse
Greater Spokane Substance Abuse Council
Linda Thompson

Governor's Council on Substance Abuse
Department of Social and Health Services
Division of Children and Family Services
Mariann Whalen

Washington State Labor Council
Suzanne Moreau

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APPENDIX 2
ACCESS TO TREATMENT WORKGROUP

Office of Community Development
Joli Sandoz for research and report writing.
Carol Owens for project management and design.
Rick Vargas and Eric H. Larson for report proofreading, formatting, and production.

Division of Alcohol and Substance Abuse
Doug Allen
Fred Garcia

Office of the Superintendent of Public Instruction
Denise Fitch

The Boeing Company
Dennis O'Neill

Community Representative from Olympia, Washington
Rick Teboe

Clark County Department of Community Services
Cleve Thompson

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APPENDIX 3
JOINT WORKGROUP

Center for Alcohol and Substance Abuse
Virginia Almeida

Department of Health
Vince Collins
Jack Jourden
John Peppert

Washington State Patrol
Captain Dan Davis

Department of Social and Health Services
Division of Alcohol and Substance Abuse
Fred Garcia
Pam Sacks
Fritz Wrede

University of Washington
Michael Gorman, Ph.D.

Seattle-King County
Michael Hanrahan
Bob Wood, M.D.

Evergreen Treatment Services
Ron Jackson, MSW

Vancouver City Council
Jim Moeller

Stonewall Recovery Services
Kim Murillo

Governor's Council on Substance Abuse
Washington State Office of Community Development
Carol Owens, Ed.D.

Northwest AIDS Foundation
Karl Swenson

Greater Spokane Substance Abuse Council
Linda Thompson

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APPENDIX 4
CRUCIAL SUBSTANCE ABUSE ISSUES FOR WASHINGTON STATE

ISSUES RANKED AT 11/19/99 GCOSA WORKSESSION TO SELECT 2001-03 POLICY PRIORITIES

All issues on the following list have been considered as priorities for reducing substance abuse in Washington State. However only issues receiving 5 points or more during the ranking process were selected for 2001-03 policy recommendation development.

I. Priorities Receiving 10-14 points

Treatment

- Adult and Juvenile Drug Courts

Prevention

- *No prevention priorities in 10-14 point range*

Law and Justice

- Adult and Juveniles Drug Courts
- Meth lab clean-up
- Protect children found at Meth lab sites

II. Priorities Receiving 5-9 points

Treatment

- Reduce ADATSA waiting list
- CD Treatment for those at risk for HIV/AIDS

Prevention

- Community Mobilization
- Prevention/Early Intervention – K-5
- Prevention/Early Intervention – Secondary
- Blood borne infections prevention
- Coordinate advisory bodies/consistent prevention messages
- Research treatment rates for ethnic minorities
- Pharmacies sell syringes (RCW70.115.050)

Law and Justice

- Sentencing alternatives to reduce incarceration
- Multi-jurisdictional Narcotics Taskforces

III. Priorities Receiving 0-4 points

Treatment

- CD Treatment in prisons/jails
- Access to opiate substitute treatment
- Rules to define 60-day marijuana supply
- Track medical marijuana impacts
- Youth detoxification/crisis stabilization
- Enhance treatment grants to Tribes
- Increase CD treatment for youth
- Evaluate efficacy for tobacco cessation

Treatment (cont'd)

- Project Safe saturation project
- Treatment targeted for welfare recipients
- Vocation/education programs for persons in treatment
- Statewide involuntary commitment services
- CD treatment for pregnant women
- Assess impact of treatment on child welfare costs
- Need/impact of treatment for CPS clients
- Train needle exchange staff for CD referrals

Prevention

- Increased resources for prevention
- Prescription drug misuse/abuse
- Strategic, statewide prevention plan
- Risk/Protective factor model training
- Education on dangers of marijuana
- Integrate prevention of blood borne infections w/SA messages
- Reduce underage drinking
- Common outcome-based planning/evaluation
- Collect data/assess on at risk behaviors for HIV/AIDS
- Enhance prevention grants to Tribes
- Disseminate media literacy materials
- Project Safe saturation project
- Tobacco tax for prevention
- Prevention/Intervention for SA abusing mothers
- Advertising to counter promotion of ATOD

Law and Justice

- Train Citizens/Law enforcement for community policing
- Community disease prevention boards (include HIV/AIDS)
- Continue COCOA for HIV/AIDS prevention in prisons/jails
- Amend RCW 69-50-412 for limited possession of syringes
- Project Safe saturation project
- Tobacco tax for control efforts
- Improve Criminal Justice Data Collection
- Research conflicts between federal drug-free workplace regulations and medical marijuana initiative

APPENDIX 5

RESULTS OF 6/16/00 RANKING AND CHECKBOOK EXERCISES FOR 2001-03 GCOSA RECOMMENDATIONS FOR LEGISLATIVE ACTION PRIORITIES

The rank scores represent the average of 3 groups' scores for each priority, based on how well each priority meets the Prevention, Treatment, and Law and Justice outcomes established by the Council in 1996. Because there are different outcome statements for Prevention, Treatment, and Law and Justice, and a varying number of outcomes in each area, comparisons of the total rank scores among categories are not valid.

Fourteen Council members participated in the check writing exercise. Each member was given 10 checks for $100,000 each. The instruction was, "If you had only $1 Million to spend on the 2001-03 priorities selected by the Council, where would you choose to spend it?" The Check totals represent the checks written for each priority. The Council allocated $5.4M or 38.6% on Prevention, $4.4M or 31.4% on Law and Justice, and $4.2M or 30% on Treatment for this exercise. Decisions for how to spend money were not consistent with the priorities' ratings that were based on outcome measures.

Rank Score	Check Totals	
		PREVENTION
86.67	$ 2.2M	Sustain community mobilization services in all 39 counties.
74.33	$ 1.4M	Expand Prevention/Early Intervention in Secondary Schools.
60.66	$ 1.8M	Expand Prevention/Early Intervention in Schools for K-5 students.
	$ 5.4M	
		TREATMENT
49.33	$ 2.4M	Increase capacity for low-income adults with children to 40%.
45.33	$ 0.4M	Increase capacity for low-income adults without children to 40%.
42.33	$ 1.3M	Increase treatment capacity for low-income adolescents to 40%.
N/A	$ 0.1M	Policy recommendation to DSHS to track substance abuse and treatment outcomes for CPS caseload.
	$ 4.2M	
		LAW AND JUSTICE
34.67	$ 1.6M	Enhance Meth lab cleanup/protect children found at Meth lab sites.
33.33	$ 1.1M	Sustain a statewide network of Interagency Narcotics Taskforces.
32.67	$ 1.7M	Expand availability of adult and juvenile drug courts and other sentencing alternatives to incarceration.
	$ 4.4M	
	$ 14M	**Total for check writing exercise**

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APPENDIX 6 PRIORITIES RANKED BY OUTCOME

		Total Score All Rater Groups	% Total Possible Score	Average Group Score
1F	Increase in % of youth WHO do not use ATOD	45	100%	15
2F	Reductions in risk factors/increase in protective factors associated with ATOD use & abuse	45	100%	15
3E	Increased youth, families & community understanding ATOD is not acceptable	45	100%	15
2B	Increased awareness of harm from ATOD	44	97.8%	14.67
1G	Increase in positive parenting in families at risk for abuse of ATOD	43	95.60%	14.33
3B	Increase in # & participation in drug-free community and social events	43	95.60%	14.33
2C	Increase in research-base to prevent ATOD	42	31.00%	14
2A	Decreased misuse-abuse of ATOD	41	91.10%	13.67
3D	Increased community linkages that provide pro-social/drug-free support systems for youth	40	88.90%	13.3
2E	Increase in age of first use for ATOD	37	82.20%	12.33
3A	Increased use of alternatives to school suspension for abuse of ATOD	31	68.90%	10.33
1H	Decreased sale of Alc & tobacco to minors	30	66.60%	10
1E	Reduced per capita ATOD health care costs	27	66.60%	9
1D	Increase in % of adults who do not use ATOD	26	57.8%	8.67
2D	Decreased ATOD-related auto&boat crashes	26	57.8%	8.67
1J	Decrease in alcohol-related birth defects	24	53.30%	8
1B	Increased media responsibility to not glamorize ATOD	22	48.90%	7.33
3C	Increased # smoke-free/drug-free environments	21	46.70%	7
1C	Reduction in advertising for Alcohol & tobacco	20	44.40%	6.67
1A	Elimination of tobacco samples	12	26.70%	4

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APPENDIX 7
Governor's Council on Substance Abuse Reports

- **Governor's Council on Substance Abuse. *1996 Report and Recommendations to Reduce Substance Abuse in Washington State*. November 1996. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *1997 Report and Recommendations for State-Funded Research Priorities to Reduce Substance Abuse in Washington State.* November 1997. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Update on the Status of Governor's Council on Substance Abuse 1996 Recommendations to Reduce Substance Abuse in Washington State.* November 1997. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Report on 1999-2001 Priority Recommendations to Reduce Substance Abuse in Washington State.* August 1998. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Implementation of Initiative 692 The Washington Medical Use of Marijuana Act.* January 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Access to Substance Abuse Treatment in Washington State.* January 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on HIV/AIDS and Governor's Council on Substance Abuse. *Prevention of Blood-Borne Infections.* February 2000. Washington State Department of Health. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Report on Methamphetamine Abuse in Washington State.* May 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

- **Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Policy Recommendations for 2001-03 Legislative Action.* July 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.**

Copies of Council reports can be obtained by calling the Washington State Alcohol/Drug Clearinghouse at 1-800-662-9111, or by writing them at 3700 Rainier Avenue South, Suite A, Seattle, WA 98144. Council reports are also available at the Washington State Library or at www.ocd.wa.gov/dbs/pubs or www.ocd.wa.gov/factsheets/local/drugfree/htm.

For more information about the Governor's Council on Substance Abuse call Carol Owens at 360-586-0487.

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GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE MEMBERSHIP LISTING

Chair, Governor's Council on Substance Abuse
Priscilla Lisicich,Ph.D., Director
Safe Streets Campaign

Vice Chair
Mr. Larry Erickson, Executive Director
WA Association of Sheriffs and Police Chiefs

Ms. Angelica Balderas, Community Representative
Port Hadlock, WA

The Honorable Terry Bergeson
State Superintendent of Public Instruction
Alternate: Ms. Denise Fitch

Mr. Dennis Braddock, Secretary
Department of Social and Health Services
Alternate: Mr. Ken Stark

Ms. Martha Choe, Department Director
Ms. Busse Nutley, Director
Office of Community Development
WA State Community, Trade & Economic Development
Alternate: Mr. Steve Wells

The Honorable Jerome Delvin
Washington State Representative

Milt Dennison, Ed.D. Superintendent
Camas School District

Mr. Norman O. Johnson, Executive Director
Therapeutic Health Services

The Honorable Jim Kastama
Washington State Representative

Mr. Joseph Lehman, Secretary
Department of Corrections
Alternate: Ms. Patty Terry

Mr. Raymond E. Mason, Director
Welfare to Work Project, Washington State Labor Council
Alternate: Ms. Suzanne Moreau

The Honorable Jim Moeller
Vancouver City Council

Mr. Dennis O'Neill, Manager
Drug-free Workplace, The Boeing Company

The Honorable Julia Patterson
Washington State Senator

Mr. Eugene Prince, Chairman
Liquor Control Board

Ms. Yvonne Wong Rivers, Community Representative
Nine Mile Falls, WA

Chief Annette Sandberg
Washington State Patrol
Alternate: Commander Mike Matlick

Ms. Mary Selecky, Secretary
Department of Health
Alternates: Mr. Linc Weaver; Dr. Lillian Bensley

The Honorable Val Stevens
Washington State Senator

Mr. Cleve Thompson
Clark County Department of Community Services

Ms. Linda Thompson, Executive Director
Greater Spokane Substance Abuse Council

Ms. Mariann Whalen
WS Department of Social and Health Services
Division of Children and Family Services

Governor's Office

Mr. Dick Van Wagenen,
Policy Office Liaison
Office of the Governor

Staff

Carol Owens, Ed.D., Coordinator
Governor's Council on Substance Abuse

Mr. Paul Perz, Managing Director
Safe and Drug-Free Communities Unit

Mr. Rick Vargas, Administrative Assistant
Governor's Council on Substance Abuse

Safe and Drug-Free Communities Unit
WA State Community, Trade and Economic Development
Post Office Box 48300
Olympia, WA 98504-8300
Phone: (360) 753-5626

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

MISSION:

It is the mission of the Governor's Council on Substance Abuse to reduce substance abuse in Washington State.

This includes reducing the abuse of alcohol, tobacco, drugs, and other materials that individuals may abuse, including over-the-counter medications, gasoline, and glue.

VALUES:

We will work collaboratively while also recognizing diversity, combining efforts in the private, public, tribal and nonprofit sectors.

Whenever possible, we will build on and strengthen effective structures, systems and organizations that are addressing substance abuse, rather than develop new programs.

We will develop balanced and accountable strategies for reducing substance abuse, not emphasizing one approach over another, but recognizing that a complex set of problems requires more than one method of resolution.

RESPONSIBILITIES

The Governor's Council on Substance Abuse will:

Develop recommendations, based on community and agency input and involvement, for state and local strategies on substance abuse;

Advise the Governor on substance abuse issues;

Review and develop recommendations regarding state, local, and federal funding of substance abuse programs;

Advise the Family Policy Council on substance abuse issues through a collaborative process; and,

Provide policy recommendations to state agencies on alcohol, tobacco, and other drug issues.

ENDNOTES

[1] Governor's Council on Substance Abuse Report. *Access to Treatment in Washington State,* January 2000, Olympia WA, Washington State Department of Community, Trade and Economic Development.

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[18] *Prevention* used in this context refers to "proactive strategies and services that are implemented to meet the needs of all children, youth, and families…to strengthen positive developmental patterns of children and youth…and prevent the development of challenging

behaviors" such as substance abuse, juvenile delinquency, violence, and other behaviors (Task Force on Behavioral Disabilities, July 1999).

[19] *Intervention* used in this context refers to "strategies and services that are implemented to reduce the probability that a problematic behavioral condition will worsen…activities [that] help children with, or at-risk of developing, severe behavior disabilities and their families address disruptive behaviors (Task Force on Behavioral Disabilities, July 1999).

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